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RECORD

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

Ilt death occurred in a hospital or inslitution.

give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE O SINGLE. DATE OF DEATH MARRIEO, WIDOWED, (Month) (Write the word) (Day i HEREBY CERTIFY, That i attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at___ 1 day. hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment la (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) LLL PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ... State yrs. ___ Where was disease contracted. BEST OF MY KNOWLEDGE It not at place of death? Former or usual residence (Address)..... 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubcrcupneumonia"); "Croup";) Typhoid brospinal menlngitis"); Diphtheria (avoid use of term for the same disease. Examples: Cercbrospinal tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid

> cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgcultal," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



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l	RECORD	PHYSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
N. S. No. 1.		CAUSE Importar
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PLACE OF DEATH 9118 County Ballimore	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Cityear Mary Emma.	Registration Dist. No. 56 [If death occurred I a hospital or Institution give Its NAME lostea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITHOUT (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH WAY (Month) (Day) (Year) 17 I HEREBY CERTIFY, that I attended deceased from 1915, to that I last saw has alive on Man 4 1915.
7 AGE	and that death occurred on the date stated above, at 5 m. The GAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country) 10 NAME OF BENJAMEN Almand FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) MANUALLA OF MOTHER OF MOTHER 13 BIRTHPLACE Palls C5 13 BIRTHPLACE Balls C5	(Signed) (Duration) (Secondary) (Signed) (Duration) (Secondary) (Signed) (Duration) (Secondary) (Signed) (Duration) (Secondary) (Secondary) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place in the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Muse 5, 1915 The more blanks are needed, address State Registran	ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If oot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Media June 6 , 191.5 20 UNDERTAKER ADDRESS M. Shukuwad White Hall

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscias of lungs, meninges, peritonaeum, etc.. Carcinoscias

ture of the American Medical Association. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of __ mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-"Exhaustion, Examples: For VIO-



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RECORD

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in ..Ward) a hospital or institution. give Its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 STNGLE. MAGRIED, WWW. 1912 (Month) (Day (Year) ORDIVORCED WITE I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ahar 1000 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE 10. 1910 (Address) 10 03 (* ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAESES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State _____yrs.___ Where was disease contracted. If not at place of death? Former or usual residence... PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

the nature of the husiness or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," As examples: (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (c. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIPAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. . Ex-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.



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(Address)

PHYSICIANS RECORD 50 statement A. PERMANENT EXACTLY. Exact stated properly classified. pe S should UNFADING INK-THIS AGE carefully supplied. may that 00 WITH pe in plain terms. should PLAINLY, of Information DEATH WRITE

should is OCCUPATION certificate. o See instructions on back CAUSE OF Important,

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9120 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, MARRIED 3 SEX 4 COLOR OR RACE OROIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 day hrs. yrs..................ds. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. give Its NAME Instead ot street and number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SOLOR OR RACE SINGLE, MARRIED, WIOWED, OROJOROED (Write the word)	16 DATE OF DEATH 25, 1915 (Mouth) (Day (Year)
	I HEREBY CERTIFY, That I attended deceased from
188.	- apr. 12 , 1915, to pune 2.3 , 1910,
(Month) (Day (Year	"" that I last new to bean, allies and the set of the set
It LESS the dayh	and that double occurred on the date stated above, at
yrsmosds. ORmin.	?
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stry,	1/uknown
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B	Contributory
"COADLA	(Daration) yrs mos ds.
ad la la 60 6. 29	(Signed) to the Callaboration M. D.
- pro- grander	Dun 2 3, 1915 (Address) City Un blestoutel
intry) Quasia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
1) relanguer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	At place In the
ntry) Kulson	of death yrs. Z mos. II ds. State yrs. mos. ds
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
1.000000000000000000000000000000000000	Former or usual residence. 28 E. Hill 8t
	19 PLACE OF BURIAL OR REMOVAL DATE OF JURIAL
M	- 6/ 1915
,1915 Miriam Bai	20 UNDERTAKER ADDRESS O
REGISTRAR	John Greblanc Ras 500 of Tala
If more blanks are needed, address State Re	egisyrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care should be taken to report specifically the occupatious Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, rcturn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from ture of the American Medleal Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shoek," "Uracmia," "Wcakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can-The coutributory (seeoudary or intercurrent) may be stated under the head of (Recommendations on statement of



Villag	ge or City View Asylum. (No. CITY) 2 FULL NAME J. Ball	Registration Dist. No. 41 St.; Ward) St.; Ward) [if death occurred in a hospital or institution give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 se	MARRIED, Warried	June 28th, 191 (Month) (Day) (Yea
6 DA	TE OF BIRTH	February 2nd, 1915, to June 28th, 191
7 AG	(Month) (Day), 7848 (Year) E	and that death occurred on the date Stated above, at
g 5 (b) bus whi	OUPATION Trade, profession, or ficular kind of work General nature of industry class, or establishment in ch employed (or employer)	Contributory Secondary
	(State or country) New Orelans	(Bussion). Ws. mos.
	10 NAME OF ROBERT Ballard	(Signed) (S. P. Spolist.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCCIDAL OF HOMICIPAL.
PAR	of Mother Mary Catlin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES
	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yre. 4 mos. 1.3 ds. State, yrs. mos. Where wae disease contracted, if not at place of death? Former or usuat residence
15	(Address) 10 6/29, 1815 Miriam Bair	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at hôme, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Gracery: (a) Foreman, (b) Automobile-factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, engaged in domestic service for wages, as Servont, Cook, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, etc. If the occupation has been changed Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphitheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned by Struck by railway train—accident; Revolver wound to determine definitely. Examples: Accidental drowning; suicidal, or nonicidal, or as probably such, if impossible state means of injury and qualify as accinental, surgical operation was undertaken. For violent deaths "PUERPERAL perilouitis," mus," "Old Age," "Shoek," "Uracmia," "Weakness, genital," "Senile," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemourhage," "Inauition," "Maras-"Anaemia" (merely symptomatic), "Atropny, hapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvulor hunt disease; Chronic interstitial chopneumonia (secondary), 10 ds. Never report: mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Meastes, Wheoping or misearriage as "Puenperal septichaemia," The contributory (secondary or intercuretc.), etc. State cause for which "Dropsy," corbolic ocid—probably "Atrophy," "Exhaustion," ("Con-



CUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Montb) (Write the word) NONIB DATE OF BIRTH classified. (Month) (Day (Year) TAGE If LESS than t day Afris OR min. ? .mos..... properly BOCCUPATION (a) Trade, profession, or 0 particular kind of work. Ш (b) General nature of industry, business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) certifica = that 10 NAME OF FATHER 80 50 ARGIN back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) 12 MAIDEN NAME plain Instructions OF MOTHER OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. EATH Where was disease contracted. DE/ It not at place of death? Every Item CAUSE OF Important. S usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred is a hospital or institution. give its NAME Instead

of street and number.]

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at /2 (Duration) 1915 (Address) & *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, la the State _____ yrs, ____ mos, __ DATE OF BURIAL ADDRESS

vi



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Timor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURFAULY.S.

If more blacks are needed, address State Registrar, & E. Franklin St

1 PLACE OF DEATH

Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

S	f .	Wa	rd)
···· >	L.,	W a	ra

Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number.]

MEDICAL CERTIFICATE OF DEATH 20th (Year) I HEREBY CERTIFY, That I attended deceased from June 20th that I last saw h im allveon June 20th and that death occurred on the date stated above at 12. 25P en. The CAUSE OF DEATH* was as follows: (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. State yrs. ____ mos. ___ usual residence 1823 E. Madison St. DATE OF BURIAL

Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laboreressary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Meastes "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of (disease causing death), 29 ds.; For vio-



RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

HOSPITAL. Village or City Ber View Asylum

St.: Ward)

Ilt death occurred la a hospital or institution, give Its NAME Instead at street and number 1

	²FU	LL NAME ROS	ie Banks	707077700-07700-07	
	PERS	ONAL AND STATISTIC	CAL PARTICULA	\RS	MEDICAL CERTIFICATE OF DEATH
3 s	ex emale	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	Vidowed	18 DATE OF DEATH June 19th , 1915 (Month) (Day (Year)
6 D		(Month)	(Day	1.878. (Year)	I HEREBY CERTIFY, That I attended deceased from June 15th 1915, to June 19th 1915, that I last saw her alive on June 19th 1915 and that death occurred on the date stated above, at 5.55 Pm. The CAUSE OF DEATH* was as follows:
G pa (b) bus wh	CCUPATION) Trade, protession in the control of the	on, or Fa. work Fa. ot Industry,	ctory Har		Le hronic myrcirculto (Buration) Unknown (Buration) yrs. mos. ds.
ENTS	10 NAME O FATHER	Washing William	gton, D.		Secondary (Signed) (Signed) June 21 ,191 5 (Address CITY HOLPITAL.
(State or country) Unknown 12 MAIDEN NAME OF MOTHER Mary (unknown) 13 BIRTHPLACE		n)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)		
15	OF MOT (State)	HER or country)	* * /	LEDGE ALV REGISTRAR	At place of death yrs. mos. 4 ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence 1400 Short Alley 19 Phace of Burial or Removal Date of Burial Address 29 Undertakar Address J. J. Hulley J. Helman

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the monsehold only (not paid Housekeepers who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care minc, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the oecupation has "Foreman,"

Statement of Cause of death—Name, first, the disease causing death—It (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercingles of lungs, meninges, peritonaeum, etc., Carcingles

ture of the American Medical Association.) schsis, tetanus) may be stated under the head of injury, as fraeture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL perilonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease cansing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenela "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accietc., when a defiuite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



V. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Highlandtown (No. 25 Heg	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE MARRIED, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw Here alive on June 6, 1915,
7 AGE 60 yrs 6 mos. 3 ds. 1f LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at SSA m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) General nature of Industry, business, or establishment in which employed (or employer)	Gontributory for (Secondary) (Buration) yrs mos ods. (Buration) yrs mos ods.
10 NAME OF Peter Beckman 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
of Mother when traff 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Anna & Beckman (Address) 25 Hoighland are	If not at piace of death? Former or usual residence
Filed June 9, 191.5 - U.E. Me Claushay REGISTRASY)	20 UNDERTAKER COOK ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal scpticharetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing er" is less definite; avoid use of "Tumor" for malig The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy." (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 "Exhaustion," Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL7 1915
BUREAU, V.S.

		Should strion is
	RECORD	PHYSICIANS of OCCUPA
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
>		z

PERCE OF DEATH	31.60
County Bal timore	Tra)
Village or City	(No. (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

...St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

	²FI	ULL NAME	John Bell	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
	al e	White Single, Widowed (Write the word)		June 13th , 191. (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)			(Day , 1856. (Year)	17 I HEREBY CERTIFY. That I attended deceased fro March 23rd, 1915, to June 13th 1915 that I last saw h. im. alive on June 13th 1915 and that I death occurred on the date stated above, at 1 . 55A.
		59 yrs	mosds. 1 day,hrs. 0 Rmin. ?	The CAUSE OF DEATH* was as follows:
. (1	CCUPATION) Trade, protess irticular kind of		iver	Chronic Myocarditis
bu) General nature siness, or esta ich employed (o	ablishment in	****	Unknown (Duration) yrs
9 B	10 NAME (FATHE	Maryl OF OF CR Albert	and Bell	Contributory Cerebral Thrombosis Secondary (Signed)
PAREN	12 MAIDER OF MO	or country) Mary: N NAME OTHER Mary To		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLER CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	OF MO (State	or country) Lar	yland T OF MY KNOWLEDGE	At place of death yrs mos of death yrs mos of death yrs mos of death? former or usual residence 1.254 _ James St.
15 Fi	(Address)	n	iriam Bur	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, e. g., (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (discase causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puereral peritonitie," childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tclanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For vio-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT 8

9127 1 PLACE OF DEATH Upper Jules



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 40

[if death occurred in

*FULL NAME alresta Be	give its NAME iostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, M'DOW WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 () 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Acc. 28, 1842 (Month) (Day) (Year)	that I last saw h. W. alive on 7 , 1915.
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 6,30 Pm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Transport of the state of the st	Contributory Sen Debility of the
10 NAME OF FATHER Johns Wicks 11 BIRTHPLACE (OFFATHER OSHUR MINISTER) (State or country) (State or country)	(Signed) a file common ds. (S
Ψ 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds,
(Informant) Besil & Williams	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) Lorelly Ballo. Co., 15 Filed Lanc 76, 1915 1, 7, 7 Moscola Registran If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CISHUM Cerutery Touley June 15., 191.5. 20 UNDERTAKER ADDRESS Bradsleau C. B. Bradsleau

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the pismass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purerreal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.: ture of the American Medicai Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Deblity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of (secondary or intercurrent) _ (name origin; "Can-State cause for Examples:



MARGIN RESERVED FOR BINDING

PLACE OF DEATH 9128	STATE OF MARYLAND
County Batto	(Q) CERTIFICATE OF DEATH
Gounty / Love O	Registered No. 33
Village or City Mean Glynden (No.	
* FULL NAME Spabell &	erry
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH Suc 8 101
WIDOWED JUNG/O	(Month) (Day) (Year
Firnale Colored (Write the word)	17 I HEREBY CERTIFY, That I attended deceased for
6 DATE OF BIRTH april 1 1914	Lad we seem child ge 181
(Month) (Day) (Year)	that I last saw h 2 allye on
7 AGE If LESS than	and that death occurred on the date stated above, at & A
/ vrs. 2 mos. 9 ds. ormin.?	The CAUSE OF DEATH* was as follows:
***************************************	Опешине -
8 OCCUPATION (a) Trade, protession, or	5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
particular kind of work.	Deut Kun
(b) General nature of iodustry, business, or establishment in	(Duration) yrsmos
which employed (or employer)	Contributory Convulsions
State or country) Ballo Co MC	(Secondary) (Deration) yrs mos
10 NAME OF William Berry	(Signed) Thurstine, M
O 11 BIRTHPLACE	Jun 9, 1913 (Address) They where these
State or country) Ballo Co and	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE: CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE
12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place In the
(State or country) Ballo Co Mil	ot death yrs mos ds. State yrs, mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Intermant) welliam Berry	Former or
	usual residence
(Address) Boung Batt Co Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	fully Grove June 9, 191
Filed June 8 1915 - I miles El	20 UNDERTAKER ADDRESS
REGISTRAR	

[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Putereeal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



W. S. No. 1.

RECORD UNFADING 0 10 Important. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... [If death occurred in a hospital or institution. give its NAME instead of street and number. 1 CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, (Month) (Day) OROIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 11. a.m. 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death __ yrs. mos. ... State Where was disease contracted. if not at place of death? Former or usual residence 15 if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative Leaithfulcated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can he known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJUSY and quality as which surgical operation was undertaken. childbirth or miscarriage, as "Purrereal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify aii diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL 7 1915
BUREAU, V.S.

. 10

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

9130

County Baltimore



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

Village or	City No Angles	(No CITY	HOSPITAL
		(110,0000000000000000000000000000000000	

St.;....Ward)

Ilt death occurred in a hospital or institution, give its NAME instead of street and number.]

Rugenia Bishan

PER	SONAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3 _{SEX}	4 color or race Black	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo		18 DATE OF DEATH June 18th , 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIF	(Month)	(Day	, /.880 (Year)	June 11th 1915 to June 18th 1915. that I last saw h. er alive on June 18th 1915.
⁷ AGE	35 yrs		It LESS than	and that death occurred on the date stated above, at 2.30P. m. The CAUSE OF DEATH* was as follows:
(b) General natur business, or est	ion, or work e of Industry,			Fulmonary Fuberculosis (Duration) yrs mos ds
9 BIRTHPLACE (State or o	Marylan			Contributory Secondary (Duration yrs mos ds. (Signed) (Signed)
John Bishop 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maid Monther OF MOTHER			June 18th915 (Address) CITY MOSPITAL. *State the Disease Causing Death, or, in deaths from Violet Causes, state (1) Means of Injury; and (2) whether Accide	
13 BIRTH	Mary Wa	tkins \	•	TAL, SUICIDAL, OF HOSICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE (Intermant)—	IS TRUE TO THE BEST		LEDGE	Where was disease contracted, If not at place of death? Former or usual residence 313 Parrish Alley
(Address)	19,191.5 M	man	Bur	19 PLACE OF BURIAL OF REMOVAL MY. CLUBURY 2 UNDERTAKEN 2 UNDERTAKEN ADDRESS (4) M. Joadern (4) M. John Marken ADDRESS (4) M. John Marken (5) M. John Marken (6) M. John Marken (7) M. John Marken (8) M. John Marken (9) M. John



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia unqualified, is Indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, STICIDAL, or HOMICIDAL, or as probably LENT DEATHS State DIEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligmay be stated under the head (Recommendations on statement of



1 PLACE OF DEATH 3 EXACTLY, PHYSICIANS sified. Exact statement of RECORD properly classified. PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word) 3 SEX 4 COLOR OR RACE be stated PERMANENT certificate 6 DATE OF BIRTH should pe (Month) (Day) (Year) 7 AGE If LESS than back of may u 1 day, hrs. G THIS min. ? 4 mos. B OCCUPATION (a) Trade, profession, or Instructions on that fully supplied terms, so tha particular kind of work K (b) General nature of lodustry business, or establishment in carefully which employed (or employer) ESE 9 AIRTHPLACE (State or country) See In œ 10 NAME OF = FATHER Every item of information should should state CAUSE OF DEATH OCCUPATION is very important. 11 BIRTHPLACE PARENT OF FATHER (State or country) PLAINLY. 12 MAIDEN NAME OF MOTHER 13 AIRTHPLACE OF MOTHER WRITE (State or country) 15 $\mathbf{\omega}$ REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

Tif death occurred in

akley ward	a hospital or institution, give its NAME instead of street and number,]
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH	
(M	onth) (Day) (Year)
17 I HEREBY CERTIFY, That	I attended deceased from
D3e ,1914, to 1	u june 16 , 191 5:
that I last saw h. A. alive on	nene 15 , 1915
and that death occurred on the da	ite stated above, at 5 A m
The CAUSE OF DEATH * was as	
Valoulan Mars	
It general de	bill- 1 Dollary
(Dura	ntion) yrs. mes. ds
Contributory Carrie	Troping ex long
	ofien) yrs mes ds
(81gned) of Joris no	inglor M.O
	Pircevelle My
*State the DISEASE CAUSING DEA: CAUSES, state (1) MEANS OF INJURY; SUICIDAL OF HOMICIDAL.	rn, or, in deaths from VIOLENT and (2) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (FOR HOSPI	TALS, INSTITUTIONS, TRANSIENTS
OR RECENT RESIDENTS)	in the
At place of deathyrsmesds.	State, yrs. mos. ds
Where was disease contracted, If not at placs of death?	
Fermer er	
unual rouldance	

DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physi-"Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"PUERPERAL peritonitis," etc. and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of birth or miscarriage as "Puerperal septichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from ehild-The contributory (secondary or intercur-State cause for which Never report mere



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tit death occurred la a hospital or institution. givo its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 1912 WIDOWED. ORDIVORCED (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, t dayhrs.min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which amployed (or amployer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ _ mes. __ State _____ yrs.__ 20th Where was disease contracted. THE ABOVE IS TRU If not at place of death? Former or usual residence.

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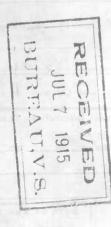
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the nisease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus)
"Contributory." mia," "PUERPERAL peritonitis," etc. State valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds. "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of For VIOcause for



V. S. No. 1.

	1 PLACE OF DEATH 9133	STATE OF MARYLAND
Coun	tyBaltimore	CERTIFICATE OF DEATH
Count	(40)	Registration Dist. No41
Villag	ge or City By Mew Asylum. (No. CITY	HOSPITAL St.; Ward) [It death occurred a hospital or institution give its NAME inside of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED MARRIE	June 27th/9 (Month) (Day) (Ye
6 OA	TE OF BIRTH (Month) (Day) (Year)	June 25th 191.5, to June 27th 191 that I last saw here alive on June 27th 191.5, 191 June 27th 191 J
7 AG		and that death occurred on the date stated above, at 8.1 The CAUSE OF DEATH $*$ was as follows:
77 (a) par (b) bus whi	CCUPATION) Trade, profession, or) Trade, profession, or trade, profession, or trade, profession, or Trade, profession, or General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) Maryland	Contributory Coule In Sufferi
	10 NAME OF FATHER Unknown	(Signad) Ultrucope
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
PARE	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) Al place of deathyrsmosds. State,yrsmos
	(Informant)	Where was disease contracted, if not at place of death? Former or usual rasidence
15	(Address) Back	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DE 19, 191 20 UNOERTAKER ADDRESS A
	ed 6/29, 1915 Miriam Baer REGISTRAR	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. who receive a definite salary), may be entered as Housewrite None or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, etc., without more If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-occident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cte., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" "Puerperal peritonitis," etc. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "Puenperal septichumia," "Old Age," "Shock," "Urzemia," "Weakness, Always qualify all diseases resulting from child-The contributory (secondary or intercuris less definite; avoid use of carbolic acid-probably State cause for which Never report mere ("Con-



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Every Item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH WRITE B. | ż

	Ounty Ballicusar Village or City Pikeriale (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 55 St.; Ward) St.; Ward) Ward) St.; Ward)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
(7	SEX 4 COLOR OR RACE MARRIEO, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
	(Month) (Day (Year)	that I fast saw h the alive on		
7	AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 5 300 m. The CAUSE OF DEATH* was as follows:		
80	(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)	(Buration) yrs. 4 mos. 14 ds.		
T N	OF FATHER (State or country) Frd. Co. Mud.	(Signed) (Si		
PAG	OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds.		

19 PLACE OF BURIAL OR REMOVA	L D	ATE OF B	URIAL
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If not at place of death?		*******	
Where was disease contracted,			
of death yrs mos ds.	State	yrs,	mos.
At place	in the		
OR RECENT RESIDENTS)			Inana

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ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

V & not

V. 8. No.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-



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(No	CITY HOSPITAL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

St.:....Ward)

It death occurred in a hospital or institution. give its NAME instead of street and number.]

ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
or or race 5 SINGLE, MARRIEO, MARRIEO, WIDOWED OR DIVORCED (Write the word)	To pare of Death June 4th , 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) , 1 879 (Year) If LESS than 1 day,hrsyrsmosds. ORmln.?	May 21st, 191 5, to
Housework t in er)	Alcoholie Multiple Meurites unknown Bronchopneumonia
Maryland Sampson Lincoln	(Signed) (Si
ry) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
Marie Thompson Try) Maryland E TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death
1915 Muram Baer REGISTRAR	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL TOWN REDEPLY 20 UNDERTAKER E. G. Wiedefeld St., 2//3 Freemont 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Address)

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Conra," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless important. or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "Pherperal septichaemia," Never report mere



FOR BINDING MARGIN RESERVED

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Whinglaw (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Adhustry 4 COLOR OR RACE SINGLE, MARRIED, WIDOWS ORDIVORCED (Write the word) 9 1	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 191
(Month) (Day) (Year)	that I last saw h
7 AGE If LESS than yrs	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) W C 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory (Secondary) (Buration) (Buration) (Signed) (Signe
(Intermant)	Former or usual residence. 1 SPEACE OF BURIAL OR REMOVAL 1 DATE OF BURIAL 1 SPEACE, 191
Filed 191	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, If impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomcacla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never reporaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



PLACE OF DEATH	STATE OF MARYLAND
County Baltuman	CERTIFICATE OF DEATH
	Registration Dist. No. 38
Village or City Midesur (No	St.; Ward) [If death occurred in a hospital or institution,
1 1 . 6	give its NAME Instead
FULL NAME CALMEUM	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINCLE, MARRIED,	16 DATE OF DEATH 26 19163
Servace This (Wilower and one)	(Month) (Day) (Year)
DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
man 1 185	F
7 AGE (Month) (Day) (Yent)	that I last saw h alive on 191 , 91 ,
1 day, hrs.	and that death occurred on the date stated above, at
60 yrs. 3 mos. 5 ds. OR min.?	The CAUSE OF DEATH was as follows:
a) Trade, profession, or	1
particular kind of work (b) General nature of Industry	muly ofthe family
business, or establishment in which employed (or employer)	wis called (Oursion) / yrs mos ds.
9 BIRTHPLACE	Contributory Celvial Henonha
(State or country) Ireland	(Quration) Yrs. X mos. X ds.
10 NAME OF FATHER	(Signed) 52 25 Berger M. O.
I BIRTHPLACE	Jan 26 191 ((Address) to ca keep ille
OF FATHER (State or country) Ineland Manden Name OF MOTHER MANGE MANG	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES, State (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
_	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Peland	At place In the of deathyrsmosds. Stats,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Where was disease contracted, if not at place of death?
(Informant) Tomes H. Bardy	Former or
	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address) Miller 100	Ja Va Maria V
15 May 26 5 16 4 Vole	20 UNDERTAKER A ADDRESS
Filed 1919 1919 REGISTRAR	Marin Faler o Bone 606 Talaxette
i more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Repressing V. S. No. 1.
	Other

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. taken to report specifically the occupations of persons engaged in domestic service for wages? as Servant, Cook, business, that fact may be indicated thus: Farmer (retired or given up on account of the phsease causing Death Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from term on the

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

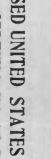
sticidal, of nonicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by rational truin—accident; Revolver wound of head—homicides. Prisoned, by carolic acid—probably suicides. The nature of the injury as fracture of skull, and consequences (E. g., Repsis, telanus) may be extended. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations birth or miscarriage as "Pubrpehal septichamia," "Pubrpehal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Conna," "Convui genital," "Senile," etc.), state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnanition," "Marassymptoms or terminal conditions, such as "Asthénia," rent) affection need not be stated unless-important chopneumonu Example: Measles (disease causing death), 29 ds.; Broncough; Chronic vulvular heart disease; Chronic interstitial ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" "Tumor" for malignant neophasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere "Atrophy," (InCon-



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OCCUPATION RECORD statement PERMANENT P operiy supplied. FADING carefully # Jo back terms, 0 piain instructions ٥ EATH P D Item mportant. Every H z

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) OROIVDRCED (Write the word) HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 18 , 1915, to (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work Th) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death (State or country) yrs. mos. ds. State yrs. mos. ds Where was disease contracted. KNOWLEDE if not at place of death? Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR f more blanks are needed, address State Regis trar, 6 B Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will he sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question mine, etc. (a) Spinner, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (0)

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing draft (the primary affection with respect to "Croup"); Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cere-("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE

> such, if impossible to determine definitely. childbirth or miscarriage, as "Turrereal scottchace cause. Always qualify all discases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -Kart failure," "Haemorrhage," "Inanition," "Maras genital," mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples: 01



V. S. No. 1.

	y Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41
Village	e or City No. CITY HOS	of street and number 7
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	emale Black 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
	E OF BIRTH	April 8th 1915 to June 7th 1915
7 AGE	(Mooth) (Day) (Pear) It LESS than 1 day, hrs. OR min.? CUPATION Trade, profession, or The Review Fig. 1 day of work	that I last saw heralive on June 7th 191.5 and that death occurred on the date stated above, at 815A The CAUSE OF DEATH * was as follows: Authoris of Live Syphility Mulial & Galic Grand Grand
(b) busi whice	General nature of industry iness, or establishment in ch employed (or employer) RTHPLACE (State or country) Maryland 10 NAME OF FATHER	Contributory Cacherra Secondary Leto (Duration) The state of the sta
RENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown	June 7th , 191 5 (Addrass) CITY HOSPITAL. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
PARE	12 MAIDEN NAME OF MOTHER Sarah (unknown) 13 BIRTHPLACE OF MOTHER (State or country) Unknown	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) Al place In tha of deathyrs
	(Informant)	Whera was disaasa contracted, If not at place of death? Former or usual residence 1113 Russell St.
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 6 9 1915

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None. business, that fact may be indicated thus: Furmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Honsekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERFERAL perilonilis," etc. State cause for which birth or miscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Anaemia" chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles, Wheeling (name origin; "Cancer" is less definite; avoid use rof, ges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of mia" (merely symptomatie), "Atrophy," "Col-."Coma," "Convulsions," "Debility": "Con-Always qualify all diseases resulting from child-The contributory (secondary or intercurg., sepsis, tetonus) may be stated by carbolic acid-probably "Puenperal septicharmia," "Dropsy," Never report mere "Atrophy;" "Col-"Exhaustion,



	Shou	
CORD	OCCUPAT	
RE	PH 0	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.	
PERN	Exact	
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91411 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... Ilt death occurred in a hospital or institution. give its NAME instead 2 FULL NAME James Boyle of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, NILLONO WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 1891 to June 8 DATE OF BIRTH Dout Know - als 734 that I last saw h Las alive on There (Month) (Year) 7 AGE and that death occurred on the date stated above, at 12.30 Meen If LESS than 1 dayhrs. Terruinal Lementia - Post Cherrie Miglandbolia -(a) Trade, protession, or Norkeeper particular kind of work (b) General nature of industry, business, or establishment in Metal audian which employed (or employer) (Duration) 36 yrs 6 mos 0 promie Nephrilis 9 BIRTHPLACE (State or country) Irol au 10 NAME OF FATHER PARENTS (Address) Withteles OF FATHER (State or country) Work *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place 2 4 yrs. ... In the 36 yrs. o mos. o ds OF MOTHER (State or country) & Cach If not at place of death? DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every persou, irrespective of age. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for malig oma, Sareoma, etc., of...... (uame origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for For vio-



back

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution, give Its NAME Instead of sfreef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE .. 19f ... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death O yrs. Where was disease contracted. 14 THE ABOVE IS TRUE If not af place of death? S. B. Sto usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Ex valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds:; "Senile," etc.), "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

9142

Balto

Village or City Canton (No. 1 21 + 2 FULL NAME Edward CE	Faster St.: Ward) Sever St.: Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, Ringle MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 6 /9 ,1915 (Month) (Day (Year)
O DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than	17 I HEREBY CERTIFY, That I attended deceased from
a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: (Duration) yrs mos fs.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER CAVARD Drywer 11 BIRTHPLACE OF FATHER (State or country) Many Carel Country) 12 MAIDEN NAME	Contributory Secondary (Duration) yrs mos. ds. (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place of death yrs ds ds ds
(Address) 234 8 Bowlder 15 Filed July 20, 191 1. E. M. Claur Line REGISTRA STATE The more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1. ONE

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. who have no decupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioehildbirth or miscarriage as "Puerferal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH Very state PHYSICIANS should a RECORD PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT stated EXACTLY. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, ORDIVORCED (Write the word) S DATE OF BIRTH may be properly classified. (Day) 4 (Month) (Year) pe 7 AGE If LESS than IS pinous 1 day,hrs INK-THIS AGE BOCCUPATION (a) Trade, profession, er particular kind of work. carefully supplied. (b) General nature of Industry, business, or establishmeet to UNFADING which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 50 WITH of information should be 11 BIRTHPLACE DEATH in plain terms, See instructions on back PARENT OF FATHER (State or country) PLAINLY, 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER State or country WRITE Item CAUSE OF Important. (Address) 15 0

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:Ward)

lif death occurred in a hospital or institution, give Its NAME lostead af street and number.]

MEDICAL	CERTIFICATE OF	DEATH	
18 DATE OF DEATH	fune (Month)	3 (Day)	., 1915.
17 I HEREBY	CERTIFY, That I	attended dec	eased fro
lan / 19	is is line	2	1016
0	0		
that I last saw h all	re on May	24	, 1914
and that death occurred or	n the date stated a	bove, at	145 P
The CAUSE OF DEATH*			
Cancer	Iterus		
1	######################################		w
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(Secondary)	monte	co-	••••••
(Secondary)	(Duration)		osd
(Secondary)	(Duration)	yrs	
(Signed)	(Duration)	yrs I m	✓, M.
(Secondary)	(Duration)	yrs	✓, M.
(Signed)	(Duration)	Jules Ling	U., M.
(Signed) State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC	Idress)	Succession (2) whether	VIOLENT ACCIDEN
(Signed) (Signed) (Action 1915 (Action to 1915)	Idress)	Succession (2) whether	VIOLENT ACCIDEN
(Signed)	Idress) (SING DEATH, OF, In OF INJURY; and IDAL.	deaths from (2) whether	VIOLENT ACCIDEN
(Signed) State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC OF RECENT RESIDENCE OF RECENT RESIDENCE OF GREEN TRESIDENCE OF GREE	Idress) (SING DEATH, OF, In OF INJURY; and IDAL.	deaths from (2) whether	VIOLENT ACCIDEN
(Signed) State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC OF RECENT RESIDENCE OF Geath yrs. mos. Where was disease contracted, if oot at place of death?	Idress) (SING DEATH, OF, In OF INJURY; and IDAL.	deaths from (2) whether	VIOLENT ACCIDEN
(Signed) State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC OF RECENT RESIDENCE OF RECENT RESIDENCE OF GREEN TRESIDENCE OF GREE	Idress) (SING DEATH, OF, In OF INJURY; and IDAL.	deaths from (2) whether	VIOLENT ACCIDEN
(Signed) State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC OF RECENT RESIDENCE OF RECENT RESIDENCE OF DEATH OF RESIDENCE OF RE	Idress)	deaths from (2) whether	VIOLENT ACCIDENT
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(Signed) State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC OF RECENT RESIDENCE OF RECENT RESIDENCE OF DEATH OF RESIDENCE OF RE	Idress)	deaths from (2) whether	VIOLENT ACCIDENT TRANSIENT

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the dibease causino death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, pertionaeum, etc.. Carcin-

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of OCCUPATION IS very PHYSICIANS RECORD AGE may be See instructions WRITE CAUSE OF Important. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

It death occurred in a hospital or institution, give its NAME Instead

ADDRESS

,195 marshall B

2 FULL NAME Robert Bru	nson ni street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single widower, ORDIVORCED (Write the word)	16 DATE OF DEATH 6 8 ,1915 (Month) (Day (Year)
* DATE OF BIRTH Hact date mch, 1,1913 Infromm (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 4-15, 1915, to 6-8, 1915, that I last saw h to alive on 6-8, 1915
7 AGE if LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 2 Pm, The CAUSE OF DEATH* was as follows: Spastic Paralysis,
© OCCUPATION (a) Trade, protession, or particular kind of work	(Ouration) yrs 18 mos ds.
PBIRTHPLACE (State or country) N. C.	Gontributory Operation Secondary (Duration) yrs mos 2 ds
11 BIRTHPLACE OF FATHER (State or country) (M Snow) 12 MAIDEN NAME OF MOTHER	(Signed) W.B. Hunter, M.D. 6-8, 1918. (Address) Kernan Hospital *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Consourd 13 BIRTHPLACE OF MOTHER (State or country) Consourd 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) WB Hunter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. 3 mos. ds Where was disease contracted, If not at place of death? Former or 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Address) Reman Dospital	USUAL TESIDENCE TO BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

15

June 8

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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BUREAU, V.S.

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DEATH

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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from that I last saw h. alive on (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,.....hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trado, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. mos. Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

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nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaecause. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified.

AGE

carefully supplied.

' DEATH in plain terms, so that it m See instructions on back of certificate.

N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s important. See Instructions on back o

RECORD

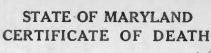
PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

1 PLACE OF DEATH



Registration	Dist.	No.
Registiation	שושני,	NO.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Gertride Br	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	**COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DAT	E OF BIRTH	March 9 1915, to June 8 1915, that I last saw he allye on June 8 1915
7 AGE	(Month) (Day (Year) If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 1.2.10 m. The CAUSE OF DEATH* was as follows:
(a) Trapartico partico (b) Ge busines which	UPATION ade, profession, or ular kind of work ular kind of work eneral nature of industry, as, or establishment in employed (or employer) "HPLACE tate or country) NAME OF FATHER BIRTHPLACE OFFATHER	Contributory Secondary (Boration) (Boration) (Boration) (Signed) (Signed) (Signed) (Address) (Boration) (
PARE	2 MAIDEN NAME OF MOTHER Many Johnson 3 BIRTHPLACE OF MOTHER (State or country) Muncleand:	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs. 3 mos. ds. State 2 / yrs. mos. ds
	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death? Former or usual residence 5 30 E
15	(Address) - Muliani Barro	19 PLAGE OF BURIAL OF REMOVAL DATE OF BURIAL 70 INDERTAKER 20 INDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very Important, so that the relative healthful-Statement of occupation-Treelse statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonaeum, etc., Carcinbrospinal meningitis"); Diphtheria (avoid use of time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unquallfied, is indefinite): Tubercufever (the only definite synonym'is "Epidemic cereterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE Typhoid fever (uever report "Typhoid

> mia," "Puerperal poritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanltion," "Marasgenital," "Scnile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if Impossible to determine definitely. Examples: which surgical operation was undertakeu. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head Measles (Recommendations ou statement of (disease causing death), 29 ds.; "Exhaustiou," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V 力もの的など間 JUNI 0 1915

1 PLACE OF DEATH

Cour	nty Baltmin	CERTIFICATE OF DEATH
		Registration Dist. No
Villa	ge or City Jusher Better (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Alonth (Day) (Year) 17 HEREBY CERTIFY. That attended deceased from
6 DA	Och Way 1892	that last saw h // alive on // / / / / / / / / / / / / / / / / /
7 AG	If LESS than	and that death occurred on the date stated above, at 12 m
-	22 yrs 122 mos os os or min.?	The CAUSE OF DEATH * was as follows:
pa	CCUPATION a) Trade, profession, or rilcular kind of work	
bu	o) General nature of industry usiness, or establishment in thick employed (or employer)	(Ourstion) X yrs. 5 mos. / O ds
9 B	(State or country) Balting Go. M.	Contributory General Mahally Secondary (Oursilon) yrs mos ds
	10 NAME OF FATHER Dans Brown	(Signed & Berson, M. O
ENTS	11 BIRTHPLACE OF FATHER (State or country) Baltim les. M.	2 / (Auses, state (1) vietns or injust; and (2) wheeper accumulation
PARI	of Mother Rasus Shorler	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Ballum 69, Mu	OR RECENT RESIDENTS) At pisce In the Yof deathyrsmosds. Where was disease contracted.
14 T	(Informant) Author Builty	if not at place of death?
15	(Address) Shacks Bolli - Go. mc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Survey 1915
	180 Jame 4, 1915 B. R. Bersen g. W.D.	20 UNDERTUKER Gravis Sports im
	If more blanks are needed, addless State Registrar.	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons precise specification as Day-laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urannia," "Weakness," head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or misearriage as "Puberperal septichaemia," "Puberperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Ansemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping The nature of the injury, as fracture of skull, "Dropsy," "Exhaustion," carbolic acid-probably ACCIDENTAL, report mere



[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoor given up on account of the queense causing dealth, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used mobile factory. cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences & g., sepsis, telanus may be stated under the head of "Contributory." (Recommendations suicide, The nature of the injury, as fracture of skull; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heanorrhage," "Inanition," "Warkness," mus," "Old Age," "Shock," "Urarmia," "Weakness," head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-occident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths birth or miscarriage as "PUBRPERAL septichacmia," "PUBRPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant ncoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

DEATH in plain terms, so that it missee instructions on back of certificate.

Important.

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15

WRITE PLAINLY, WITH UNFADING INK-THIS

Very

PHYSICIANS should of OCCUPATION IS

PHYSICIANS

RECORD

PERMANENT

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.. Ward)

[if death occurred in a hospital or institution, give its NAME instead ot street and nomber.]

~		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
35	EX COLOR OR RACE SINGLE, WARRIED, WIDDWED, WIDDWED, WIDDWED, Write the word)	16 DATE OF DEATH Month Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	ATE OF BIRTH	that I last saw h and alive on the last saw has a last saw here a last saw has a l
7 _A	GE (Month) (Day (Year) If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 4:15 Pm The CAUSE OF DEATH* was as follows:
(2	CCUPATION) Trade, profession, or ricular kind of work	Phothesis puemonalia
bus	General nature of industry, siness, or establishment in the employed (or employer)	(Duration) Jyrs mos ds
9 B	(State or country)	Contributory Secondary
TS	10 NAME OF FATHER CONORT Prayer	(Signed) F. F. Cellolian mos ds (Signed) F. F. Cellolian M. A. June 2 191.5 (Address) Coty John Market
ARENI	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, at, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
1d	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant)	Former or usual residence 11285. Harranar S
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

		MEDICAL	CERTIFICAT	E OF D	EATH	
16 D	ATE OF	DEATH	Sun	بعد	2	, 1915
			(Month)		Day	(Year)
17		I HEREBY	CERTIFY, T	hat I att	ended de	ceased from
h	my	21,19	15 to 1	m	2 2	1913
that I	last saw	/ h.	ve on	du	Q 2	1915
and ti	hat death	occurred o	n the date s	tated abo	ve, at 4	:15 Pm
			was as follo			
	0		······································	~~ ~~~~		************
1	N	iant	o pu	us	au	alle
* ********		* * * * * * * * * * * * * * * * * * * *				
•••••		T#T0-0000 07 0000 0 0 0 0 0 0 0 0 0 0 0 0 0	(Duration		73	nosds
Co	ntributo econdary	ry			************	0000000 000000 ambay,

OR RECENT RESIDENCE (FOR	HDSPITALS, INSTITUTION	S, TRANSIENTS,
At place	In the	
ot death yrs mos. (2 ds.	. State yrs,	mos ds
Where was disease contracted		

not at placa ot	death?			m	Aug	W	\mathcal{M}	W,	1.
ormer or	1.1	2	-X	5	Ma		. (_

Former or usual residence 1285.	farraner St
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

QUNDERTAKER .	ADDRESS
doly Cross	6/5
PLACE OF BUHIAL OR REMOVAL	DATE OF BURIAL

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbecu changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequenees (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Juanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of "Scnile," etc.), "Dropsy," (Recommendations on statement of (discase causing dcath), 29 ds.; "Exhaustion," For vio-



1 PLACE OF DEATH STATE OF MARYLAND S & Statement or CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) 0 EXACTLY. P a hospital or institution. give Its NAME Instead of street and number. 7 RECORD classified PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED. WIDOWED OR DIVORCED (Write the word) 1910 (Month) (Day) (Year) properly certificate HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH pino pe (Month) about of 7 AGE If LESS than may and that death occurred on the date stated above, a ш 1 day, back hrs. O The CAUS min. ? 44 8 OCCUPATION
(a) Trade, profession, or 6 supplied tha particular kind of work. 20 b) General nature of industry terms, business, or establishment in struc (Ouration) fully which employed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary 2 Œ See 10 NAME OF Ď = Important I RENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) 4 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT M CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME 0 SUICIDAL OF HOMICIOAL. PA OF MOTHER Informati LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER 8 (State or country) of deethyrs.mes.ds. Where was disease contracted, 14 THE ABOVE IS Every item of should state C. O It not at place of death?..... Former or usual residence DATE OF BURIA (Address) 15 20 UNDERTA m REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Savatoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon engineer, Stationary fireman, etc. write None. precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) ('rocery: (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations birth or miscarriage as "PUERPERAL septichuemia, eause, etc., when a definite disease can be ascertained as the nephritis, etc. "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT RECORD MARGIN RESERVED FOR BINDING N. S. No. 1.

1 5	PLACE OF DEATH	STATE OF MARYLAND
	Bollinga 9100	CERTIFICATE OF DEATH
County	ourima	190
	ρ_{Λ} on	Registered No. 3
Village o	City / Meswell (No.	St; Ward) [If death eccurred in a hospital or institution,
	1. 1.	give its NAME instead
Bus and	May Lelle	et street and oumber.]
3 F	TULL NAME	
PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Hamo	le Mit WIDOWED, Juffe	(Month) (Day) (Year)
with	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF	// 004	Jun 10 , 1915 to fee 17 , 1915.
	(Month) (Day) (Year)	that I last saw her alive on Jew 17 1915
TAGE	(Month) (Day) (Year)	" n D
AGE	1 day,hrs.	and that death occurred on the date stated above, at
	22 yrs. 9 mos. 9 ds. OR. min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATI	ON A	Tulia car fell
(a) Trade, prof	ession, or /// of work	Jumouany delirections
10	iture of industry,	
business, or	establishment in	(Duration) yrs. mos. ds.
9 BIRTHPLA	d (or employer)	Contributory
(State or co	(Country) / ala. 60,	(Secondary) (Deration) yrs mos ds.
10 NAM	E OF John Buch	(Signed) & G. Michols M. D.
U 11 BIRT	THPLACE O	6-12, 1915 (Address) Palescree 2005
Y 11 BIRT OF (State	FATHER or country) / ema	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OZ 12 MAIS	DEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
▼ OF	MOTHER MANY CONUSEY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	HPLACE N 11 PO	OR RECENT RESIDENTS) At place in the
OF N (State	or country) / ald, 60	of death yrs mos ds. State yrs mos ds.
14THE ABO	VE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	mary 18 what	Fermer or
(Informant)		usual residence
Addr	ess) interville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	11 6 6	Willed Redge June 14, 1815
Filed of cea	15 1915 Home a. Ma how	20 UNDERTAKER ADDRESS A
rileu	REGISTRAR	CS. It wolf Pikewille
	f more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. naterial worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations, a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head of which surgical operation was undertaken. For vicmia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Purrernal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Collapse." "Coma," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) (name origin; "Can-"Exhaustion," Never report Examples:



B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN WRITE 8. No.

ż

PLACE OF DEATH	STATE OF MARYLAND
n nt	CERTIFICATE OF DEATH
County 3 allune	Registered No. 36
Village of City Graystine (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17. / I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	# 1 1915 to fine 6 , 1915. That I last saw h @ allve on fine 6 , 1915-
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at // m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Julinouary thereeles
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Therelay Marasure
(State or country) Baltime Co. Md	(Secondary) (Dyration), yrs, 4 mos. ds.
10 NAME OF July G. Ensor	(Signed) Millard Stilling, M. D.
11 BIRTHPLACE OF FATHER State or country Saltune les Md 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
a saucu cusor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 3 allium les Md	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Clasenge MIBund	it not at piace of death? Former or usual residence.
(Address) White Hall	Wiseburg Cemeley June 19,1815
Filed James 5, 1915 LACE REGISTRAR	Tulip marbline of on Whate Hall Sur
more blanks are needed, address State Registra	r, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," If the occupation has As examples: (6)

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can. Examples: For vio-



V. S. No. 1.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Male White Single Mandrows One of Mark One word (Write the word) TAGE (Month) (Day (Year) THEEBY CERTIFY, That I attended dece February 9 this 15 to June 2nd and that death occurred on the date stated above, at 3 in The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: Contributory Secondary (Burstlen) (Signed) (Signe	Vil		Bay View Asylus		0,	Registration Dist. No. 41 [If death a hospital of give its No. 5t; ward]
Male White Score of Markie, Score of Markie, Score of Markie, State or country) Maryland 10 Name of Father (State or country) Maryland 10 Name of Father (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name of Father (State or country) 13 BIRTHPLACE OF MARKIE, State of Maryland 14 The Above is True to the best of My Knowledge (Informati) 14 The Above is True to the best of My Knowledge (Informati) 14 The Above is True to the best of My Knowledge (Informati) 15 General State or Gentracted (Informati) 16 General State or Country) Maryland 17 I HEREBY CERTIFY, That I attended dece February 9 th 191 5 to June 2nd that I last saw h. im. alive on June 2nd and that death occurred on the date stated above, at 3. 2 The CAUSE OF DEATH* was as follows: Contributory Cerete Cole Contributory (Quration) yrs most country (Quration) yrs most contributory Secondary Secondary (Signed) (PERSON	AL AND STATISTI	CAL PARTICUL	.ARS	MEDICAL CERTIFICATE OF DEATH
February 9th 1915, to June 2nd that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im alive on Line 2nd and that I last saw h im and that Cause I last I last saw h im and that Cause I last I last saw h im and that Cause I last I la				MARRIED, WIDOWED, ORDIVORCED		
TAGE (Month) (Day (Year) (If LESS than and that death occurred on the date stated above, at 3. 2 46 yrs. mos. ds. or min.? COCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Edward Carr 11 BIRTHPLACE OF FATHER Wilder of MOTHER Unknown 12 Maiden NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER Unknown 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (Informant) The CAUSE OF DEATH * was as follows: (Ouration) June 2nd (Ouration) yrs. mon (Signed) (Signed) Cause (Signed) *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether or Receive Residents) *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether or Receive Residents) *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether or Receive Residents) *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether or Receive Residents) *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether or Receive Residents) **State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether or Receive Residents (1) and the death occurred on the date stated above, at 3. 2 **State of Causes, State (1) Means of Injury; and (2) whether or Receive Residents (1) and the death occurred on the date stated above, at 3. 2 **State of Causes, State (1) Means of Injury; and (2) whether or Receive Residents (1) and the death occurred on the date of Injury; and (2) whether or Receive Re	6 0	ATE OF BIRTH			1 869	February 9th 1915 to June 2nd
Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Secondary Maryland Contributory Secondary Maryland Contributory Secondary Maryland Contributory Secondary Secondary Contributory Secondary Secondary Contributory Secondary Secondary Contributory Secondary Secondary Secondary Contributory Secondary	7 A		(Month)	(Day	(Year)	and that death occurred on the date stated above, at 3
10 NAME OF FATHER Widward Carr (Signed) (Signed	2 (b)	rticular kind of worl) General nature of siness, or establish Ich employed (or en	k Fallindustry, Industry, Inment in Inployer)	***************************************	er	Gontributory acrete Nehhra
Unknown 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO RECENT RESIDENTS) At place of death yrs. 3 mos. 23 ds. State yrs. me Where was disease contracted, If not at place of death? Former or				METER		
At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) At place Of death	S	FATHER 11 BIRTHPLA	CE			June 2nd, 191 5 (Address) Cly Por
(Informant) Former or A in the second	S	11 BIRTHPLA OF FATHE (State or	CE R country) Wa			*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL.
	PARENTS	11 BIRTHPLA OF FATHE (State or 12 MAIDEN N OF MOTH 13 BIRTHPLA OF MOTHE (State or	ce country) Ma. AME ER Unk CE :R country) Ma	nown rvland		*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOR RECENT RESIDENTS) At place In the of death yrs, 3 mos. 23 ds. State yrs, mos.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up ou account of the disease Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaectc., when a definite discase can be ascertained as the mns," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcona, etc., of..... (name origin; "Cancanse of death approved by Committee on Nomenclasepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of Never report of 1



1 PLACE OF DEATH

B AL 3100	STATE OF MARTLAND
County /dallo.	CERTIFICATE OF DEATH
	/ Registration Dist. No. 30
Village or City Catousville (No. 56, PA	ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR OIVORCEO (Write the word)	16 DATE OF OEATH (Month) (Day) (Year)
6 DATE OF BIRTH Feb 23rd 904 (Month) (Day) (Year)	HEREBY CHILIFY, That attended deceased from 17 June 1915, to June 1915, 1915, Anat I last saw hamalive on June 1911, 191
7 AGE 11 STATE ST	and that death occurred on the date stated above, at 3m. The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of industry	Auto Cerebral Meningitis
business, or establishment in which employed (or employer)	(Durstion) yrs mos 2 O ds.
9 BIRTHPLACE (State or country) Ellieott City.	Contributory Secondary O(Ourstion)
10 NAME OF FATHER OLIV H. Carifer,	(Signed Harry & Drown M. O.
11 BIRTAPLACE OF FATHER COLLEGE OF COUNTY FOWARD COLLEGE HO 12 MAIDEN NAME OF MOTHER CARRIES Hartwell	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
of Mother arrive Hartwell	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place to the of death yrsmosds. State,yrsmosds.
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at placs of death? Former or usual residence
(Address) 56 Wenters Rue. 15 Filed Jewe 21, 1915 Marshall B Wrst REGISTRAR	PLACE OF BURIAL OR REMOVAL LEW J. W. F. Cemetry June 22, 1918. 20 UNDERTAKER Caston Sons Callevil leit
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

STATE OF MADVIAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. mess of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated Struck by railway train-accident; Revaluer wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puenpenal septichaemia," "Heart failure," "Heenorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," rent) affection need not be stated unless important. cough; Chronic vulcular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic orid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intereur-"Tumor" for malignant neoplasms); Measles; Whooping "PUERPERAL perilonilis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," "Convulsions," etc.), "Dropsy," "Debility" ("Con-Never report mere "Atrophy," "Col-"Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County 10ax10	Registration Dist. No. 30
Village or City Near Cotengull Races 2FULL NAME Elesabeth fa	Ward) [If death occurred in a hospital or institution, give lts NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temala Will Single, Wildows, Wildows, Wildows, Wildows, Wildows, Wildows, Wildows, Wildows, Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I lest saw her alive on [1915]
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12 thm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) — yrs. \$\frac{1}{2} mos. ds.
9 BIRTHPLACE (State or country) Baltimace led.	Contributory Secondary (Duration) yrs mos ds
OF TATHER COMM BELLES 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) Du Stutty , M. D. fure G., 191 5. (Address) Colorese Colored
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Worsy aum Craugle 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
of Mother (State or country) White deem The above is true to the Best of My knowledge (Informant) G Haues	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Collect Cety Cred	19 POACE OF BURIAL OR REMOVAL DATE OF BURIAL Soudon Park func 8 , 19152
Filed July 7, 1915 Marshall B Wist. REGISTRAR If more blanks are needed, address State Regist	caston for agoress. Caston for Clicot City

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pncumoula"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustlou," Never report



rSICIANS should OCCUPATION IS PERMAN classified. 0 ō MARGIN back should Instructions Da 9 of Info CAUSE OF Important. S Every It

1 PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No..... Ilf death occurred in St :----Ward) a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, ENarred 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day,hrs. OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 SIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER . 191 - (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, _.... mos. ds Where was disease contracted. It not at place of death? Former or usual residence BOACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted term for the same disease. Examples: Crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinospinal costs of lungs, meninges, peritonaeum,

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septichacmus," "Old Age," "Shock." 'Traemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

1.:

1 PLACE OF DEATH	STATE OF MARYLAND
Ballemon	CERTIFICATE OF DEATH
County	Registration Dist. No
Marry 711 &	
Village or City (No.	St.;Ward) [If death occurred in a hospital or institution,
01.81 6-8271	give its NAME instead of street and number.
FULL NAME STUTY	wo finan
PERSONAL AND STATISTICAL PARTICULARS MEDI	CAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sugh 16 DATE OF DEATH	Jun 7 1915
much Ir WIDOWED	(Month) (Day) (Year)
(Write the word) 17 I HEREBY	CERTIFY, That I attended deceased from
Leurs of 915	, 191, to, 191,
(Month) (Day) (Year) that I last saw h	, 191, 191,
	curred on the date stated above, atm.
Salf vis mos ds. or min.? The gause of DE	EATH * was as fellows:
- July For	my June - offing
(a) Trade, profession, or	Macany
particular kind of work	The state of the s
business, or establishment in which employed (or employer)	(Duration) yrs, r mos ds.
9 BIRTHPLACE 9 / 11 Contributory	
(State or country) Howard MA	(Dureijon) yre, mos, ds,
10 NAME OF DO The for will follow sieged	Bon Buson M.C.
will wai confinence	S Cusken vollin lite
D 11 BIRTHPLACE OF FATHER State the DI	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER M. Blazzella Barrhania 18 LENGTH OF RESID	SEASE CAUSING DEATH, OF, In deaths from VIOLENT MEANS OF INJURY; and (2) whether Accidental,
of Mother M. Blancher Danharma 18 LENGTH OF RESIL	DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE 111 41 41 AL AL AL BIACE	tn the
(State or country)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) Mally Company (Informant) Mally Permer or usual residence	
Thrings Ind 19 PLACE OF BURIA	L OR REMOVAL DATE OF BURIAL
(Address) as home	of the chather Ina \$ 101.15
	J //4 - / / / / / / / / / / / / / / / / /
15 PORCES LA NE 20 UNDERTAKER	NODREGG
Filed Jane 8 , 191 5 Por Deuse h ne 12 20 UNDERTAKER 1	

[Approved by U. S. Census and American Public Regith
Association.]

E yrs.). For persons who have no occupation whatever wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer-(retired state oeeupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salcuman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomative engineer, Civil cngineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Antemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-chopheumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinoma, Sarcama, etc., of rent) affection need not be stated unless important. nephritis, etc. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or interem-



V. S. No. 1.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD 4 WITH UNFADING INK-THIS IS WRITE PLAINLY, N.B.

	1	
	PLACE OF DEATH	STATE OF MARYLAND
Co	unty Balts - (6	CERTIFICATE OF DEATH
	1' + #,	Registration Dist. No. 3 Y
Vil	PULL NAME Margaret	Clewell [If death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35 H1	Emale Hick. Single, Married, Wilowood, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
,	October 21 ,845	1913, to face 2, 1910.
	(Month) (Day (Year)	that I last aaw have alive on 1915
7 A	II scoo than	and that death occurred on the date stated above, at 1230 Am,
	6 9 yrsmosds, ORmin, ?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	A Company of the comp
(a	Trade, profession, or House Work	fr araly vec
(b)	General nature of Industry,	/
bus	ch employed (or employer)	(Duration) yrs mos 4 ds.
-	BTHPLACE	Contributory Heart Thankon
	(State or country) TErucany	Secondary +Brancosche (Burstlee)
	10 NAME OF MAN PRIORIE	(Signed) (Signed) (Duration) yrs mos ds.
S	11 BIRTHPLACE 4	, 191 (Address) arting to
Z	OFFATHER (State or country) Mod Revovue	
PARENT	12 MAIDEN NAME Hay Russie	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
-	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	Al place In the of death yrs mos ds. State yrs mos ds
14 -	THE ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE	Where was diseasn contracted.
	Mary Orasseta.	If not at place of death?
	(Interment) # Section 1	usual residence
	(Address) 6 Haywood ale finites	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	9 m = 2-2 M A	Holy Cross Cale June 24 7915
FI	ed Jan 2 2 181 5 1 2 V. Gerelle	20 UNDERTAKER ADDRESS
	REGISTRAR	6 1 B Harle 115 E MEN ST

nore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

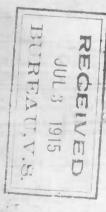
[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of. (name origin; "Can-

cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Brobably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Nevel Report ds.



EXACTLY. P RECORD classified properly pinous may O supplied 80 terms, C ۵ 0 ш S WRITE 5 item

STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in Ward) a hospital or institution. give Its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED OR DIVORCED (Month) certificate I HEREBY CERTIFY, That I betended deceased from 6 DATE OF BIRTH (Year) (Day) 7 AGE if LESS than of and that death occurred on the date s ted above, at 1 day, hrs. min. ? u o OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry instructi business, or establishment in (Burstlon) which employed (or employer 9 BIRTHPLACE Contributory Secondary See . (State or country) 10 NAME OF FATHER RENTS 11 BIRTHPLACE 6 . 191.5 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Suicidal or Homicidal. MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER (State or country)yrs.ds. State,yrs. Where was disease contracted, should state CA 14 THE ABOVE IS il not at pisce of death? Former or usual residence Every (Address) 15 m ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

write None. & yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoengineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, Locomative engineer, Civil first line will be sufficient, e. g., Former or Planter, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany oecupations a single word or term on the various pursuits can be known. The question The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumania ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railwoy troin-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. "PUERPERAL peritanitis," etc. birth or misearriage as "PUBEPERAL septichaemia," cause. Always qualify all diseases resulting froin childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valentar heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-State eause for which Never report mere "Exhaustion,"



	² FULL NAME	Henry	y Cook	give its NAME ins of street and numb
	PERSONAL AND STATIS	TICAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OWN DOWN OR DIVORCED (Write the word)			June 5.th (Month) (Day) (Y
6 DA	TE OF BIRTH			June 3rdJune 5th
	(Мог	nth) (Day)	, 1.839	that I last saw h im alive on June 5th 19
7 AG	76	mesds.	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atl. The CAUSE OF DEATH * was as follows: Orlens Cleves . Miles Herri
8 00	CCUPATION		willy clewns. Hauf their	
. (2	Trade prefection or			a de sufficieny
par	1) Trade, profession, or rticular kind of work	Caulker	. ha o o o o o o o o o o o o o o o o o o	
) Upar (b	1) Trade, profession, or rticular kind of work 1) General nature of Industry siness, or establishment in			advanticery (15 mos.
7 (b)	a) Trade, profession, or rticular kind of work			
7 (b)	1) Trade, profession, or rticular kind of work 1) General nature of Industry siness, or establishment in			Contributory My o cardea Lumpfice
Par bus whi	1) Trade, profession, or ricular kind of work	and		Contributory My ocardea description Secondary Lecturor (Buration) (Signed) While the second of th
9 BI	10 Trade, profession, or ricular kind of work	and . Cook		Contributory My o carded description Secondary Lecture (Uralion) yrs. mos. (Signed) MMM CALLES GITY HOSPITAL June 7th 1915 (Address) GITY HOSPITAL
PENTS while some states of the	1) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in hich employed (or employer) 10 NAME OF FATHER 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER	and . Cook any		Contributory My ocardia Jumpfice Secondary (Signed) WWW. Modern Guration) (Signed) WW. Modern GITY HOSPITAL "State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.
ST N N N N N N N N N N N N N N N N N N N	1) Trade, profession, or ricular kind of work	and . Cook any		Contributory My ocardia due fire Secondary Secondary William O (Buration) June 7th . 191. 5 (Address) GITY HOSPITAL "State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)
PENTS while some states of the	1) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in hich employed (or employer) 10 NAME OF FATHER 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER	and . Cook any		Contributory My o Cardra Jureffice Secondary (Signed) Wallow (Buration) "State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death yrs. mos. 2 is. State, yrs. mos.
Par Market Strain Strai	10 Trade, profession, or ricular kind of work 10 General nature of industry siness, or establishment in lich employed (or employer) 11 IRTHPLACE (State or country) 12 NAME OF FATHER JOHN D 13 BIRTHPLACE OF FATHER (State or country) 14 MAIDEN NAME OF MOTHER UNKN 15 BIRTHPLACE OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MADOVE IS TRUE TO THE BEST	and Cook any own	.EDGE	Contributory My o Cardia Sure fire Secondary Secondary Why o Cardia Sure fire Secondary When the Disease Causing Death, or, in deaths from Violet Causes, state (1) Means of Injury; and (2) whether Accidents Suicidal or Homicidal. 18 Length of Residents At place of death
Par Market Strain Strai	10 Trade, profession, or ricular kind of work siness, or establishment in lich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER John D 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UNKN 13 BIRTHPLACE OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country)	and Cook any own	.EDGE	Contributory My o Cardia Sureffice Secondary Secondary Why o Cardia Sureffice Secondary When the Disease Causing Death, or, in deaths from Violet Causes, state (1) Means of Injury; and (2) whether Accidence Suicidal or Homicidal. 18 Length of Residents At place of death

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STATE OF MARYLAND

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state oeeupation at beginning of illness. employed, as At school or wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more write None. or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Coak taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Honsekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Dneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (c. g., sepsis, tetanus) may be stated birth or misearriage as "Puerperal septicharmia," "Puerperal peritanitis," etc. State cause for which on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths nus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inantition," "Marassymptoms or terminal conditions, such as "Asthenia," cough; Chronic valeular heart disease; Chronic interstitled ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible eause. etc., when a definite disease can be ascertained as the "Anaemia" (inerely symptomatic), "Arrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" chopricumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or interem-Never report mere "Atrophy," "Col-ACCIDENTAL



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
12 ally Du med	CERTIFICATE OF DEATH
Gounty W.	Registration Dist. No. 44
Village or City & husacu Tarcho 200	cle Never st.: Ward) [It death occurred in
74	a hospital or institution, give its NAME Instead of street and number.
FULL NAME / Telliam for	n Cooper.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Single, Married, Mower), orbivorce, orbivorce, orbivorce, the word)	16 DATE OF DEATH 29 ,1915 (Month) (Date (Year)
6 DATE OF BIRTH	17 I HEREOF CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw how alive on line 2+ 1915
7 AGE It LESS than	and that death occurred on the date stated above, at
5 9 yrs mos ds 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
a) Trade, protession, or alexanor	1
particular kind of work. (b) General nature of Industry,	le extral of im ontage.
business, or establishment in Huss & Chuna Mans	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary & Mount Mershal Meghania
10 NAME OF V Congland	(Duration) yrs 4 mos / 9 ds.
FATHER John Cooper.	(Signed) & ours Vogel & Moumast II.
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Audios)
2 12 MAIDEN NAME CON MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAPSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) Congland	At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant)	usual residence.
(Address) Chisaes Bail. Wath to Mid	On D Santa Control Date of Burial
Filed the 2 1910 Poston 20	20 UNDERTAKER ADDRESS
more blanks are needed, address State Regis	trar, 6 E. Ernklin G., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Oroup";) Typhoid fever (never report "Typhoid did disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mastes (disease eausing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

SICIANS should OCCUPATION IS County..... PHYSICIANS St: Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT S SINGLE, SEX 4 COLOR OR RACE MARRIED. WIDOWED. BINDING Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS thanhrs. properly BOCCUPATION AGE INK (a) Trade, profession, or RESERVED particular kind of work. (b) General nature of industry, supplied. may be business, or establishment in UNFADING which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 9 0 MARGIN 11 BIRTHPLACE DEATH in plain terms, on back PARENT (State or country) should 12 MAIDEN NAME OF MOTHER Instructions Information 13 BIRTHPLACE OF MOTHER See 50 PO Important. Every It 20 UNDERTAKER REGISTRAR If moregolimks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Dadictored	M-	40	9

ADDRESS

Ilt death occurred in a hospital or institution. give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended decessed fro
, 191 , to , , 191
hat I last saw h Lamalive on 191
and that death occurred on the date stated above, at 6 a
The CAUSE OF DEATH * was as follows:
sufference was dead
when I sand
(Doration) yrs mos
Contributory O. S. a. Line (Secondary) Birth (Ouration) yrs mos
Signed) A F H Goseel, M. (Address) Fall well
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
BLENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) If place In the if death yrs mos ds. State yrs mos d. Where was disease contracted, f not at place of death? former or gradience.
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Catton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the Disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dispatheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid froumonia"); Lobar pneumonia; Bronchopneumonia ("Ineumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerreral septichae etc., when a definite disease can be ascertained as the ample: Measles (disease causing ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train_acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Candeath), 29 State cause for



0

1 PLACE OF DEATH

1 PLACE OF DEATH, S 9162	STATE OF MARYLAND
County Pallo	CERTIFICATE OF DEATH
	Registration Dist. No. 37
Village or City Spentus (No	St.; Ward) [If death occur a hospital or linst give its NAME of street and au
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unhum Color of Race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Z (Month) (Day)
DATE OF BIRTH	17 I HEREBY CERTIFY That I attended decease
(Month) (Day) , 19/5	that I last saw ham sive on Stell Bon
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	2 and Mouth livelations
(a) Trade, profession, or particular kind of work	mis carriay, - carre unh
business, or establishment in which employed (as employed)	(Duration) yrs. mos.
9 BIRTHPLACE	Contributory
(State or country)	Secondary (Qurstion) vre. mos.
10 NAME OF B. O. I Q.	(Signed) By M. Benson 4
11 BIRTHPLACE	June 1. (1915 (Address) Cockeysullo
State or country)	*State the DISEASE CAUSING DEATH, or, in deeths from Viol Causes, state (1) Means of Injury; and (2) whicher Acciden
of MOTHER law May Joues	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
13 BIRTHPLACE	OR RECENT RÉSIDENTS) At place in the
(State or country)	of desth
	If not at place of death?
(informant) Killing Colors	asuel residence
(Address) Shauho Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flog June 2/19/5 BB Berry MA	Cremaled at home June 1,

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House precise specification as Day laborer, Farm laborer, Laborer write Nonc. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mane, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninanqualified, is indefinite); Tuberculosis of lungs, meninanqualified, is indefinite);

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Heart failure," "Heemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakbess," on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as surgreal operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State eause for which birth or misearriage as "Pubricenal septichaemia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of genital," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstition "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intereur-Poisoned by carbolic acid-probably "Convulsions," "Debility" ("Con-"Dropsy," Never "Atrophy," "Exhaustion," report mere ACCIDENTAL,



S. No. 1.

N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Item E OF -Every Item CAUSE OF Important,

1 PLACE OF DEATH STATE OF MARYLAND County Baltimore CERTIFICATE OF DEATH

Registration Dist. No.

give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH
MEDICAL CERTIFICATE OF DEATH
Month) (Day (Year)
t I last saw h alive on 191 that death occurred on the date stated above, at 10 Q m
CAUSE OF DEATH* was as follows: Cleotrocutes (Occiolent) (Duration) yrs. mos. is
Contributory Secondary (Duration)
death yrs. mos. ds. State yrs. mos. ds ere was disease contracted, of at place of death? mer or tal residence. PLACE OF BURIAL OR REMOVAL OLY RESIDENCE UNDERTAKER OLY JULIUM G. E. Franklin St., Balto., Requesting V. S. No. 1.
t Loping II

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal It should be used only when needed. As examples: For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For VIO-



	PLACE OF DEATH	16	STATE OF MARYLAND CERTIFICATE OF DEATH	
Cour	nty Baltimore Baltimore	10	Registration Dist. No.41	
Villa	ge or City. Bay View Abylum (No.		St.; Ward) [If death occur a hospital or insti give its NAME i ef street and num	
	PERSONAL AND STATISTICAL PARTICUL		MEDICAL CERTIFICATE OF DEATH	
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED WIDDWEDWID OR DIVORCED (Write the word)	owed	June 27th, / (Month) (Day)	
6 DA	TE OF BIRTH (Month) (Day)	, 1840 (Year)	January 9th, 1915, to June 27th that I last saw him alive on June 27th	
7 AG		If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at	
55 par (b bus wh	CCUPATION 1) Trade, profession, or rticular kind of work 2) General nature of industry siness, or establishment in ich employed (or employer)		(Buration) deukerou	
9 BI	Virginia ID NAME OF		Contributory Wilerco cleros Secondary Lunkino yrs. mos.	
	FATHER Unknown		(Signed) U Fra cops	
RENTS	11 BIRTHPLACE OF FATHER (State or country)		*State the DISEASE CAUSING DEATH, or, in deaths from Viol. CAUSES, state (1) MEANS OF INJURY; and (2) whether Accurent SUICIDAL or HOMICIDAL.	
PAR	12 MAIDEN NAME OF MOTHER		SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN	
	13 BIRTHPLACE OF MOTHER (State or country)		At place of deathyrs. 5mos. 1.5.ds. In the State,yrsmos.	
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	Former or susual residence \$0.6 Peach al		
15	(Address)	2	19 PLACE OF BURIAL OR REMOVAL DATE DE BURIAL 6/30, 1	
	ed 6/28, 19.5 Meriani	Dals/ REGISTRAR	Seale L. Brown Of W. Mg.	
	If more blanks are needed, address S	tate Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

9164

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory, mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, c. g., Former or Planter, Physiis provided for the latter statement; it should be used business or andustry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, For persons who have no occupation whatever, very important, so that the relative healthfulvarious pursuits can be known. The question Stationary fireman, etc. But in many cases, The material worked on may form part Never return "Laborer," Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telonus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which to determine definitely. Examples: Accidental drowning, birth or miscarriage as cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia;" chopneumonia. (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broirent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of The contributory (secondary or intercur-"Puenpenal seplichaemia," "Dropsy," Never report mere (Recommendations "Exhaustion,



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OGGUPATION is very

RECORD

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

csrefully supplied.

DEATH in plain terms, so that it made instructions on back of certificate.

DEATH in plain of Information

N. B.—Every Item CAUSE OF I

15

Filed

(Address)

Village or Gity Orlughoro (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death accorred le a hospital or institution, give ite NAME lestead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GOCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Durating) The DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from [191, to
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Contributory Secondary (Durallon) (Signed) (Signed)

If more blanks are needed, addresa State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Former or nsnal residence

20 UNDERTAKER

OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For VIO-Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL3 1915
BURDAU,V.S.

1 PLACE OF DEATH STATE OF MARYLAND 5 0 Statement o CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or institution, give its NAME Instead EXACTLY of street and number.] RECORD ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED, PERMANENT WIDDWED (Month) (Day) OR DIVORCED (Write the word) properly rtificate. 6 DATE OF BIRTH pino Year) cel pe (Month) (Day) if LESS than 7 AGE and that death occurred on the date stated above, at 5. 40 m. ш 1 day, hrs. CK E O OF DEATH * was as follows: OR min.? 8 OCCUPATION
(a) Trade, profession, or supplied particular kind of work. lain terms, so te instructions (b) General nature of industry business, or establishment in (Burallon) which employed (or employer) 9 BIRTHPLACE (State or country) G See 10 NAME OF FATHER = D important. (Addrese) LL 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. 0 information SAUSE OF D OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very 13 BIRTHPLACE At place AUS! OF MOTHER NRITE State, yrs. mos. ds. of death (State or country ______yrs. _____mos. _____ds. should state CAI Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death?. Former or usual reeldence PLACE OF BURIAL OR REMOVAL (Address) 15 $\mathbf{\omega}$ ŝ If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

NONIO

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver wound of genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassuicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urscmia," "Weakness." to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septicharmia," hpse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Corcinomo, Sorcoma, etc., of Always qualify all diseases resulting from child-(merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-



PLACE OF DEATH 9167	STATE OF MARYLAND
County Jalts (CERTIFICATE OF DEATH
	Registration Dist. No. 36
Village or City Julian (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Cely Honny Il	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	16 DATE OF DEATH 13 Th, 1915. (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
May 4, 1841.	that I last saw hand alive on Thomas 3, 1913.
7 AGE It LESS than	and that death occurred on the date stated above, atm,
74 yrs 1 mos 9 ds 0R min.?	The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, protession, or	
particular kind of work	Cardiac Pailure
(b) General nature of industry, business, or establishment in	(Duration) yrs mos ds.
**BIRTHPLACE (State or country)	Contributory Whitral Stemsio
megwand	(Duration) .5 yrs mos ds.
10 NAME OF Eli Dous	(Signed) Milmer Boffin , M. D.
11 BIRTHPLACE OF FATHER	June 13., 191 5. (Address) Hule Hall Hid.
Z (State or country) / Smupliants	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Dune Down	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Planney frank	At place in the of death yrs mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted, It not at place of death?
(Interment) Howard Linghson	Former or usual residence
(Address) Thariffend Lineful	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 15 1915 Musthaling	20 UNDERTAKER ADDRESS
LOLI, REGISTRAR	P. Marpeline Non White Hall Ind
n more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephrilis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) such, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichac-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City High landtown No. 3 2 3 2 2 FULL NAME May E.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred is a hospital or institution, give its NAME iostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE 10 Cyrs 2 Mos ds. OR min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry.	16 DATE OF DEATH (Month) (Bay (Year) 17 I HEREBY CERTIFY, That I attended deceased from april 30, 191 5, to price Z 9, 1915, that I last saw h. Clalive on frine Z 9, 1915, and that death occurred on the date stated above, at 6.50 m, The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) 10 NAME OF	Contributory Care Lexia Secondary (Doration) yrs mos ds.
Tather adelbert Cecho 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) S 3 9 S. Ellewish State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
OF MOTHER May Elsy 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 32 30 Faster Grz.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mat Hoth Redeemen Leaf 2 1918
(Address) 32 30 Faster are	10

Il more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death Name, first, the disease causing death in the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 2Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, ls indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaccause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, cte., of (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease eausing death), 29 ds.; (Recommendatious on statement of may be stated under the head "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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Item 9

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RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 36 Ilt death occurred la St.:....Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. ORDIVORCED (Write the word) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH .. 1915 to that I last saw hoursalive on Latter ((Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at _____ 1 day,....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... carles Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) / October ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. THE ABOVE IS TRUE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL and the 15 Lacent 20, 1915

20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," "Forciuan," (b) Cotton mill; (a) Salcsman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puenreeal perilonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



PLACE OF DEATH County Ballo	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3.3
Village or City Bourse 9 (No. M. C. 2 FULL NAME George 9	St; Ward a hospital or institution of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIED, WIGOWEO OR DIVORCE OR DIVORCE OF DIVORCE	(Money)
GOATE OF BIRTH	HEREBY CERTIFY, That I attended deceased Uas Calle Ordderly, 3 H us June 13 / 5 /
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs.	and that death occurred on the date stated above, at 3
B OCCUPATION MOS. MS. OR MIG.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Day Salvare particular kind of work Day Salvare business, or establishment in	was deid when I
which employed (or employer) 9 BIRTHPLACE (State or country) BOTTO (Mag)	Contributory Hod buy unkny
10 NAME OF FATHER Elie Deggo	(Signad) I Rouline
S II BIRTHPLACE OF FATHER (State or country) Ballo Co Mal	*State the DISEASE CAUSING DEATH, or, in deaths from Violing Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal.
of MOTHER Mora Derrelio	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) Dallo Co MG	ef deeth yrs. mes. ds. Stets, yrs. mes. Where was dissese contracted, If not st place of death?
(Informant) Glorge Forey	Former or usus! rasidsnce 19 BLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address) During Comments	Finey Grave Crock June 18 18
Filed 91 9 REGISTRAR	I H Eline Restuet

[Approved by U. S. Census and American Public Health Association.]

-Coal mint, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, But in many eases, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever. (never report "Typhoid pneumonia," pneumonia. Bronchopneumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

- A. C.

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequenees (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deathis eause. Always qualify all diseases resulting from childmus," "Old Age," "Shoek," "Uraunia," "Weakness, lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL seplichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-State cause for which "Atrophy," Never report mere wound of



PLACE OF DEATH	STATE OF MARYLAND
County Sallemore	CERTIFICATE OF DEATH
County	Registration Dist. No. 38
Village or City (No. (No.	St.; Ward) [If death occurred in a hospital or institution,
² FULL NAME William.	B. P. give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDDEN COLOR OR BHYONCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Fix 27 1841	27, 191.5, to June , 1915
(Month) (Day) (Year)	that I last saw h Malive on 1915
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession, or Ptail	
particular kind of work	(orelaid Hemorking
(b) General nature of lodustry	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	Mylarda (Buralian) 7 yrs. 8 mos 44.
FATHER lukumin	(Signed) Classiff M. C.
U II BIRTHPLACE	June 1. 191 5 (Address) James eille My
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJUST; and (2) whether ACCIOENTAL,
C 12 MAIDEN NAME OF MOTHER	SUICIOAL OF HOMICIOAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyremasds. State,yremesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death ?
(informant) Frank R. P. S.	Former or usual residence
(Address) 2206-Roslyi an-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Amle / 1915 Plans June	30 UNDERTAKER ADDRESS
REGISTRAR	Harry Hugher 17-5 / wad
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Carc should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-For persons who have no occupation whatever Locomotive engineer, Civil But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemio," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," ctc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-(name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which



SICIANS should occupation is PHYSICIANS RECORD of statement PERMANENT classified. U properly supplied. UNFADING may carefully that 80 ō WITH back terms, should 0 plain instructions 2 DEATH ō Item 11 mportant. ш Every

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state Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Baltimore Registration Dist. No. 30 Ilf death occurred in St.:...Ward) a hospital or Institution, give its NAME Insfead of sfreef and number. 1 L Dorsey MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIEO. ORONORCED (Write the word) WIDOWEO. (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I jast saw h...... ajive on (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. O.R min. ? 8 OCCUPATION (a) Trade, protession, or /particular kind of work (b) General nature of Industry, business, or establishmenf in (Duration)yrs.....mos.... which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ..., 191 5 ... (Address) ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In fhe OF MOTHER (State or country) of death _____ yrs, ____ mos. ____ ds. Sfafe ____ yrs, ____ mos. ____ ds Where was disease contracted. MY KNOWLEDGE if not at place of death?.... usual residence. BURIALOR REMOVAL DATE OF BURIAL 15 20 UNDER DDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers should be taken to report specifically the occupations gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuborculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



S. No. 1.

1 PLACE OF DEATH

County Bal	Bay View Asylum	(No. E. Dorsey	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4k
PER	SONAL AND STATISTICAL P	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Femal	4 COLOR OR RACE 5 SINGLE MARRY WIDO	LE, Married WED, Married Vorcep the word)	June 25th , 191 (Month) (Day) (Year)
6 DATE OF B	Write	(Day) (Year) (It LESS than 1 day, hrs.	and that death occurred on the date stated above, a P.
(b) General business, or	otession, or d of work Cook		Overperal Septicema (Duration) yrs mos 3 di Contributory Secondary
O 11 PIPT	virginia		(Signed) W. Jourton Youlson M. (Signed) W. Jourton June 25 the 15 (Address) STY HOSPITAL *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
C 12 MAII	DEN NAME MOTHER #		CAUSES, state (1) MRANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HONICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DR RECENT RESIDENTS) At place in the of death
	E IS TRUE TO THE BEST OF MY	KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence 525 Brune St.
(Addr	ess) /28 , 191 5 Mes	LAM Bals REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO UNDERTAKER ADDRESS TO UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Housemaid, who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never "Foreman," "Manager," "Dealer," mobile factory. mill; (a) Salesman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, Various Stationary fireman, etc. ete. The material worked on may form part pursuits can be known. If the occupation has been changed Architect, (b) Grocery; (a) Foreman, Never return "Laborer, Locomotive engineer, But in many cases, etc., If retired from without more The question (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to Typhoid fever (never Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand for the same disease. pneumonia, causation), Bronchopneumonia using always the same accepted report "Typhoid Examples: d pneumonia!");
("Pneumonia," Cerebrospinal

> mus, genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver wound to determine definitely. "Puerperal peritonitis," birth cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage, "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of chopneumonia Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasmis); Measles; Whooping (name origin; "Cancer" MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage "Old Age," "Shock," "Uracmia," "Weakness." Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," (secondary), 10 ds. The contributory (secondary or intercuretc.), as "PUERPERAL Examples: Accidental drowning, etc. is less definite; avoid use of "Dropsy," corbolic acid-probably State cause for which " "Inauition," "Maras-Never (Recommendations "Exhaustion. septicharmia," report mere ("Con-

If this certificate is looked over thoroughly and all questions inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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191 Year

[Approved by U. S. Census and American Public Health Association.]

·Housewife, Housework, or At Home, and children, not of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred is St .:Ward) a hospital or Institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day.....hrs OR min. ? mos..... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS 13 BIRTHPLACE OF MOTHER (State or country)

1	OR RECENT RESIDENTS)				
	At place of death yrs mos. 1.2 ds.	In the State	yrs	mos.	d:

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usual residence 3 2 6	2. 60	2 empler
19 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL

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more Manks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Ko. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to cach and every person, irrespective of age. (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various phrsnits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return, "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphthevia (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. It death occurred in a hospital or institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Year) TAGE If LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment In which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) _____yrs: ____mos. 10 NAME OF FATHER 22, 1913 (Address) 10 g PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?... (Informant) -usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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DUREAU, V.S.

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"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up ou account of the disease of persons engaged in domestic service for wages, as it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthfulwe a definite salary), may be entered as Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of etc. State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City 24-0	Vashugla	no Mate	Telet	and word
	0/2			······································

[If death occurred in a hospital or Institution, give Its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SPA COLOR OF RACE SINGLE, MARRIED, FLOREN ORDINARIED, FLOREN	16 DATE OF DEATH (Month) (Day (Year)
male Whele (Write the word)	
DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
Jan 30 83/	
(Month) (Day (Year)	that I last saw hell alive on the same, 1915
GE If LESS than	and that death occurred on the date stated above, at 2.10 Pm.
8 7 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yra ds. ormin. ?	
CCUPATION	Cuteri Sclewis - Confiliration
Trade, profession, or tet- Howe	with Chunic Brights + general
General nature of industry,	debility
ness, or establishment in	(Ouration) yrs 6 mos ds.
employed (or employer)	
State or country)	Contributory Secondary
salle de	(Ouration) yrs mos ds
NAME OF PATHER	
under deloga	(Signed) A. Beeten, M. O.
THPLACE PARTY DO	6- (Address) Just ashinglin
tate or country)	*State the Disease Causing Dearth or in doothe from Victoria
MAIDEN NAME O O O	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF MOTHER Carpel Cobrusor	
BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the
	of death yrs, ds. State yrs, ds Where was disease contracted.
BOVE S TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
of Mr. L. h. 6 ryrow	Former or .
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(Address)	PALS OF BUTTAL OR BENOVAL
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REGISTRAR	XX 111- 1-110130611.11

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsnits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write Nonc. cated this: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated upless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viocause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustlon,"



REGISTRAR

more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

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MEDICAL CERTIFICATE OF DEATH 191 (Month) (Day) (Year) HEREBY CERTIFY. That Lattended deceased from 191.5 and that death occurred on the date stated above, at ... 3 P. m. (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS to the Stele, DATE OF BURIAL ., 191.7 ADDRESS

STATE OF MARYLAND

If death occurred in

a hospital or institution,

give its NAME instead

of street and number.]

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, write Nonc. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. eian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulyrs.). -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, Women at home, who are engaged in therefore an additional line Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably Struck by railway to determine definitely. Examples: Aecidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichacmia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of ehopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercurtrain-aecident; Revolver State cause for which Never report mere "Exhaustion," prenon



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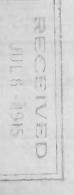
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in ..Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLORIOR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED. (Month) ORDIVERCED (Write the word) (Day (Year) I HERESY CERTIFY, That I attended deceased from DATE OF BIRTH ADM 191 allve on (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH * was as follows: SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) --9 BIRTHPLACE (State or country) Contributery Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos, ____ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE If not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar/ & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; tlon is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a dcfinlte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenla," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of Never report



1 PLACE OF DEATH

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/illag	ge or City		Entra S. I				[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSON	AL AND STATIS	TICAL PARTICUL	ARS		MEDICAL CERTIFICATE O	F DEATH
s se	aale	COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED W OR DIVORCED (Write the word)	idowed	16 OATE OF DE	June (Month)	14th , 191 (Day) (Year)
6 DA	TE OF BIRTH	*		, 1853	June 7t	REBY CERTIFY, That I att h, 1915, toJu w h er alive onJu	ne_14th_b191.5
7 AG		(Mo		if LESS than 1 day, hrs. OR min.?	and that deat	th occurred on the date ste	ated above, at 1.P-r
, par	CCUPATION) Trade, professinticular kind of) General nature	work	Housework	C		Genilit	4 (1.6.0
bus	iness, or establ	ishment in	200000000000000000000000000000000000000	#00000##800000000000000000000000000000		(Ouration)	yrs mos
91	RTHPLACE (State or count	ry			Contribute Secondary	ory Brouch	ey neemon
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PARENTS	10 NAME OF FATHER 11 BIRTHPL/ OF FATH (State of 12 MAIDEN OF MOT	Unknow H ACE ER country) N			(Signed) (Signed) State t CAUSERS, Stat SUICIDAL OF OR RECENT R	thisia. (AddressCITY) the Disease Causing Death, or, to (1) Means of Injury; and (1) Means of In	in deaths from VIOLENTAL,
PARENTS	10 NAME OF FATHER 11 BIRTHPL OF FATH (State of MOTH	Unknow ACE ER country) NAME THER # ACE 4ER country) H	'n	FDGE	(Signed) "State t CAUSES, state of Mean of Me	this the Dispasse Causing Death, or, to (1) Means of Injury; and (HOMICIDAL FOR HOSPITALS, In the Contracted,	in deaths from VIOLENT 2) whether Accidental,
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	rry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should buse of DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is cortant. See instructions on back of certificate.
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3	ry item of information should be carefully supplied. USE OF DEATH in plain terms, so that it may be princitant. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. om No 3815, Fosler fit death occurred in a hospital or Institution. give its NAME instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIEO, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1850 (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1.30 pm. 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos, ds. State _____ yrs, ____ mos. ____ ds. Where was disease contracted. It not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of Illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercuiosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. mia," "PUERPEBAL peritonitis," etc. State cause for dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichuemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measies; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may he stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the Never report of



	of DEATH Baltimore	9182	0	STATE OF MARYLAND CERTIFICATE OF DEATH
		(No.		Registration Dist. No. 41 St; Ward) [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSO	NAL AND STATIS	TICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE White	S SINGLE, MAI MARRIEO, MAI WIDOWED OR DIVORCED (Write the word)	rried	June 22nd , 1915 (Month) (Day) (Year)
Male G DATE OF BIRT		u. -:	, 1.879 (Year)	17 I HEREBY CERTIFY, That I attended deceased from April 27th 1915 to June 22nd 1915 that I last saw him alive on June 22nd 191
7 AGE	36yrs,	. mosds.	if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, a δ . 3.0 Å The CAUSE OF DEATH $*$ was as follows:
(b) General natural business, or esta which employed (f work		8 7 7 6	Unknown (Buration) Contributory Chronic bronchitis. Secondary Unknown
S 10 NAME (FATHE OF FATHE OF MC) 13 BIRTHP OF MC) 13 BIRTHP OF MC) (State	Anton LACE HER OF COUNTRY) N NAME OTHER Phil PLACE HER OF COUNTRY) IS TRUE TO THE BES	nio Genaro y Lomona (?)	COGE	(Signed)
	more blanks	are needed, address &	State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (relired engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part. only when needed. As examples: (a) Spinner, (b) Collon cion, Compositor, Architect, Locomolive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Cool minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of hungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage The contributory (secondary or intercuras "PUERPERAL septichaemia," Never report mere



STATE OF MARYLAND CERTIFICATE OF DEATH pinous PHYSICIANS shou Ilf death occurred in a hospital or institution. RECORD give its NAME instead of street and number.] MEDICAL OF THE OF DEATH TATISTICAL PARTICULARS PERSONAL AND FNJ statemen EXACTLY. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. ERMAN WIDOWED, (Month) (Day) ORDIVORGED (Write the word) CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h Ann alive on classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above. f day,hrs. The CAUSE OF DEATH* was as follows: OR ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. والم supplied business, or establishment in may which employed (or employer) Contributor 9 BIRTHPLACE (Secondary (State or country) that 10 NAME OF FATHER 20 0 OF FATHER (State or country) back (Address) terms, EN should *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE c At place In the OF MOTHER of death _____ yrs. ___ mos. .. (State or country) State EATH Where was disease contracted. If not at place of death? See 0 A Former or Item OF usual residence Every item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return. "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted the time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. -Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of __ (name origin; "Can State cause for Examples: For vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIEO. WIOOWED, (Month) ORDIVORCED (Write the word) ! HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 8 (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory L (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? usual residence 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from husiness, that fact may he indi-CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the husiness or indust y, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho receive a definite saiary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Tuenperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Tracmia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Ex valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of "Dropsy . (name origin; "Can-"Exhaustion," Examples:



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF I

PLACE OF DEATH 1 PLACE OF DEATH 2 PLACE OF DEATH 1 PLACE OF DEATH 2 PLACE OF DEA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE Style, MARRIED, Wishwest, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 191/ 191/ 191/ 191/ 191/ 191/ 191/ 19
Dout Kiron	that I last saw h. (11 allve on June 121 , 1915.
(Month) (Day (Year) 7 AGE Ceb 6 7 yrs mos ds OR min.?	and that death occurred on the date stated above, at 12,15 %. m. The CAUSE OF DEATH* was as follows: Our Ni awa Pol Paralysis - R. H.
a) Trade, protession, or Subvocr particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Selection of country State or country Subvocr State or country Subvocr S	Ceft of (Duration) 4 yrs 6 mos 0 ds. Contributory Ex Pul. Congestion (Hypsetotic) Secondary For French y R. Hip. (Duration) 0 yrs 1 mos 14 ds.
10 NAME OF FATHER WAY KNOWN 11 BIRTHPLACE OF FATHER (State or country) for Known 12 MAIDEN NAME OF MOTHER NOT / CNOWN	(Signed) Wank Hanney, M. D. ,191 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Not Known 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 4 yrs. 0 mos. 0 ds. State yrs. mos. ds Where was disease contracted, favor de Grace MA It not at place of death?
(Interment) Records of Whatthe Kernah (Address). Mr Stope Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Have De Grace June 2, 1915.
Flied 18t 5 Was & Quee REGISTRAR If more blanks are needed, address State Registrance	coundertaker Address 156. Nacht trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illminc, etc. who have no occupation whatever, write None. eated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement: been changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomencla-"Contributory." mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacthenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measics (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inauitiou," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated upless important. Exwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of For VIO-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Baymen Asyslum 2FULL NAME Viola Grado	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemele Color or RAGE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	me 4 195 to here 15 1915
(Month) (Day (Year)	that I last saw alive on June 14, 1915
TAGE If LESS than 1 day,hrs. 0 ccupation 0 cm. min. ?	and that death occurred on the date stated above, at /2.56 G·m, The CAUSE OF DEATH* was as follows: Putting fully the company of the company
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) J. J. (Address) Life Hospital (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) wilnows.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death yrs. mos. 1 ds. State yrs. mos. ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	If not at place of death? Former or usual residence 8 10 8- Eulau 8 8.
(Address) 15 Filed 6/5 1915 Mariam Barram REGISTRAR more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL MX Cluburn 20 UNDERTAKER ADDRESS ADDRESS ATTACH AND AUTOM ATTACH AND AUTOM ATTACH AND AUTOM ATTACH AND AUTOM ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ATTACH AUTOM ATTACH AUTOM ATTACH AUTOM ATTACH AUTOM ATTACH AUTOM ADDRESS A

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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PHYSICIANS should state certificate. ō See Instructions on back Important.

7 AGE

PARENTS

15

BOCCUPATION (a) Trade, profession, or

parficular kind of work

(b) General nature of Industry. business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

of FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH

(Day

(Year)

If LESS than

1 day,.....hrs

OR min. ?

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead

I HEREBY CERTIFY, That I a 1912, to 6/2 I last saw have allow on 6/2 that death occurred on the date stated a CAUSE OF DEATH* was as follows: Change Market Ma	, 191 \(\delta \), 191 \(\de
I HEREBY CERTIFY, That I at 1	(Day (Year) attended deceased fro / 191½
I last saw h allve on 6/2 I last saw h allve on 6/2 that death occurred on the date stated a CAUSE OF DEATH* was as follows: (Duration) Contributory Secondary (Duration) (Duration)	/ 191 \(\frac{1}{2} \) bove, at \(\frac{1}{2} \) \(\frac{1}{2} \) yrs
that death occurred on the date stated a CAUSE OF DEATH* was as follows: Cronic Marketin (Duration) Secondary (Duration) (Duration) (Address)	, 1915 bove, at / 2-30 P. 1
that death occurred on the date stated a CAUSE OF DEATH* was as follows: Cronic Marketin (Duration) Secondary (Duration) (Duration) (Address)	, 1915 bove, at / 2-30 P. 1
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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who receive a definite salary), may be entered as cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 dg.; (Recommendations on statement of "Dropsy," "Exhaustion, State cause for Never report



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PHYSICIANS should state of @CCUPATION IS very EXACTLY Exact tated classified. should properly AGE supplied. pe may certificate. <u>...</u> carefully that 000 back terms, pinous uo plain Instructions Information 5 of Inform DEATH Item OF important. Every Ite m ż

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME instead of street and number.] MEDICAL CÉRTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, 3 SEX -MARRIED. WIDOWND. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. OR min. ? BOCCUPATION (a) Frade, protession, or a particular kind of work (b) General nature of industry, business, or establishment in which emplayed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the . OF MOTHER (State or country nt death yrs. State yrs, ____ mns, mos. Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence. 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Fork laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of ... (name origin; "Candeath), 29 ds.; Examples:



1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons precise specification as Doy laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death— ame, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letonus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus, head-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia," "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of..... symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meashs; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness." when a definite disease can be ascertained as the The nature of the injury, as fracture of skull, Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Exhaustion,"



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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Catton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, ciun, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Stationary fireman, etc. But in many eases, If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

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1 PLACE OF DEATH PHYSICIANS shou PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDDWED. Write the word) (Month) DATE OF BIRTH (Dav (Year) 7 AGE If LESS than 1 day,hrs. The CAUSE OF DEATH* OR min, ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER of back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME See instructions OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) yrs. mos. Where was disease contracted. If not at place of death?. mportant. usual residence. Every It 15 20 UNDERTAKER REGISTRAR ż If more blanks are needed, address State Registrar, d E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH.

Registration Dist. No.

St.:...Ward)

Ilt death occurred in a hospital or Institution. give its NAME instead

of street and number.] MEDICAL CERTIFICATE OF DEATH (Dav (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State DATE OF BUSIAL une ADDRESS 42 n. Broadure

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cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH egistration Dist. No. Ilf death occurred lu Village of City a hospital or institution, give its NAME lostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OF RACE MARRIED. 1915 WIDOWED, (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH . 191..... to. (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duratioo) ... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191. (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ____ mos. __ Where was disease contracted. 14 THE ABOVE IS If not at place of death? PLACE OF BURIAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1./

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations galufully employed, as At school or At home. duties of the household only (not pald Housekeepers it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, If impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligsepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICEDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Hulsdale (No. 2 FULL NAME Roseral & Elle	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH (Month) (Day (Year) 7 AGE 3 SEX Melo 4 COLOB OR RACE S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) (Year) 1 LESS than 1 day,hrs.	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Painty (1915), to fune 20, 191 (Q. that I last saw ham alive on fund 19, 1915. and that death occurred on the date stated above, at 8 4 m, The CAUSE OF DEATH* was as follows:
**SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	18 onche preumonis
** which employed (or employer) **BIRTHPLACE (State or country) **ONAME OF FATHER **ONAME OF HEARTH HE HEARTH H	Contributory Secondary (Doration) yrs mos 4 ds. (Signed) (Doration) yrs mos 4 ds. (Signed) (Address) Hills daily M. D. *State the DISEASE CAUSING DEATH OF in deaths from Violence
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the ot deathyrs,mosds Where was disease contracted, If not at place ot death? Former or
(Address) / Leleda a Prod. 16 Filed June 20, 1915 - Marshale B. Wash	19 POAGE OF BURIAL OR REMOVAL 19 POAGE OF BURIAL 20 UNDERTAKER ADDRESS VOS ABAGIOSH Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed as At school or At home. Care should be taken to report specifically the occupations additional line is provided for the latter statement; cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlou is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Fxvalvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caucause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) LENT DEATHS State MEANS OF INJURY and qualify an which surgical operation was undertakeu. For vio mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage." "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of ete.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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MANENT	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE

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STATE OF MARYLAND 1 PLACE OF DEATH County Sattimose CERTIFICATE OF DEATH Registration Dist. No. 10, 9 Forest Park aux Ilt death occurred in a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WHOOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 3 (Month) (Day) (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR mig. ? BOCCUPATION (a) Trade, protession, or particular kied of work (b) Geograf nature of Industry, business, or establishment to which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER OF FATHER (State or country) REN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. ____ mos. ____ ds. State yrs, mes, ... Where was disease contracted. It oot at place of death?usual residence PLACE OF BURIAL OR REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pureresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ample: Measles nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," (name origin; "Can-



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60	PLACE OF DEATH 3133	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Vii	liage or City Towson (No Endow	a hospital or Institution, give its NAME instead
_	FULL NAME ARCUNCE IT CO	w rucpa
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	male Color or race Single, Married, Windowed, Whote Orbivorces (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
6 D	March 4, 1893 (Month) (Day (Year)	that I last saw h. An alive on June 13 1915.
7 A	(-002)	and that death occurred on the date stated above, at 7.03 a.m.
	yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
00 (a	a) Trade, protession, or articular kind of work.) General nature of industry, siness, or establishment in	
wh	nich employed (or employer)	(
B	(State or country) Maryland	Secondary
	10 NAME OF John Hlavnic Ka	(Signed) Markey & See M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) Bolemia	State the Dymes (Address) Endowood Jaratoning
PARENTS	12 MAIDEN NAME OF MOTHER MANY YEARS	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds ln the 22yrs 3 mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Declared	Where was disease contracted, At Lone nee Celow from 703 North Multon Avenue
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Que 14, Claud Inin	20 UNDERTAKER ADDRESS 10
1	REGISTRAR	June Brackston 1904-(Callands
	f more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OFFICE

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

15

Filed

or information should be carefully supplied. AGE should be stated EXACTLY—RHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in piain terms, so important. N. B.

	age or City films (No. 500)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred is a hospital or lostitution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 st	Market Color PRIBACE Single, Market Color Pribace Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, Fast I attended deceased from May 30 1915 to 1915
	(Month) (Day (Year)	that I last saw ham slive on June / 1915
(a)	Trade, profession, or clicular kind of work. It LESS than t day,hrs. ORmin.?	and that desth occurred on the date stated above, at farm, The CAUSE OF DEATH* was as follows: Organizat Dublig
busi	General nature of Industry, ness, or establishment in	(Duration) yrs. mos. 24 ds.
9 81	RTHPLACE (State or country)	Contributory Secondary
ITS	10 NAME OF FATHER SUNSY 12. Trell	(Signed) Grees Q. (Buration) yrs. mos. ds. (Signed) Grees Q. (Buration) yrs. mos. ds. (Address) Holy Para High app
PARENT	(State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Variation (A. M.M.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos,ds. Stateyrs,mos de

At place of death yrs mos ds. Where was disease contracted, It not at place of death?	In the State	yrs,	mos.
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Former or usual residence

PLACE OF	BURIAL	OR REM	OVAL	DATE OF	BURIAL
Dall	21 11	18	60111	Jane.	٤ 1

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specieases, especially in industrial employments, it is nee-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestie scrvice for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the If the occupation has As examples:

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

BINDING 00 0 SERVE ARGIN

702

should a OCCUPATION PHYSICIANS RECORD PERMANENT statemen classified. properly supplied. UNFADING may certificate. 80 0 terms, on back PLAINLY plain Instructions 2 DEATH 50 FO mportant. CAUSE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... If death occurred is a hospitat or institution. give its NAME instead of street and comber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than 1 day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) _ which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the MOTHER of death _____ yrs. ___ mos. __ (State or country State _____ yrs. ___ mos. _ Where was disease contracted. It not at place of death? Former or usuat residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAB

If more blanks are needed, address State Registmer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as galufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. been changed or given up on account of the disease material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avold use of "Tumor" for mallgby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Tuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name orlgin; "Can-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF BEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN T. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	Bulla	CERTIFICATE OF DEATH
G	ounty Jacob	Registered No.
	N.10. 2 1	
V	illage or City / W /No	St; Ward) [If death occurred in a hospital or Institution,
	Q ₁	give its NAME Instead
	La Colyaleth 15 A	of street and oumber.]
	- FULL NAME	11
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH fuce 10
7	WIDOWED, Married	(Month) (Day) (Year)
1	(Write the word)	17 HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	Dec 21 1914 to free 10, 1915;
	(Month) (Day) (Year)	that I last saw h & alive on I were 10 1915
7		, p
TAG	. 1 day,hrs.	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
	yrsmosds. ORmin.?	THE CAUSE OF DEATH Was as follows:
	CCUPATION	Chronic Admirations
) Trade, profession, or rtlcular kind of work	
(b)	General nature of industry,	
	iness, or establishment in ich employed (or employer)	(Ouration) yrs. mos. ds.
-		(Secondary)
(8	IRTHPLACE (tate or country) Baltico mil	(Duration) yrs mos ds.
	10 NAME OF	J. 6 h. al.
	FATHER The a Bullett	(Signed) 40 M. D.
S	11 BIRTHPLACE	June 12, 1913 (Address) Polisorle my
Z	(State or country)	*State the Disease Causing Death, or, in deaths from Violent
ARENTS	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a	of Mother Mary Links	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER B	At place to the
	(State or country)	of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	Informant; Army Fully	Former or usual residence
	n3160 winthill a	19 PLACE OF BURIAL OR REMOVAL
-	(Address) 2 5 5 Julian 1997	mi or comment
15	1 12 10 10 10	20 UNDERTAKER ADDRESS / 9 4 (
Fil	ed 7 Mars 191 3 Registrar	71 71 61
		Varry Withen W. Northan
	a li more plants are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

eated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affections with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

M

ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpxis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septicharcause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms) : Measles; Whooping cough: Chronio oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can-Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1.

'PLACE OF DEATH County Baltimore Bay View Asylum. Villags or City...

9199

HOSPITAL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

St.; Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead

arz.

²FU	LL NAME Fan	nie Hoim	es	***************************************	
PERS	ONAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEA	тн
emale	4 COLOR OR RACE Black	MARRIED, WIDOWED.		(Month) (Da	
ATE OF BIRT	гн			February 8th 1915 to June 2:	3rd , 1915
GE	(Month) 55 yrs	(Day	(Year) If LESS than 1 day,hrs.	and that death occurred on the date stated above The CAUSE OF DEATH* was as follows:	
rticular kind of w	workBuild	ress	**************************************	Chronie Stejoca	rdeles
iness, or estab ch employed (or	olishment in	***************************************	**************************************	(Ouration) yrs.	Unknown ds
(State or cou	District	of Colu	mhia	Secondary	ubuous
10 NAME O FATHER	F .		110 2.0	(Signed) (Duration) yrs	Mos ds
OFFAT	HER	inia		June 23rd 191 5. (Address) CITY HOS	PITAL PARTY VIOLENT
12 MAIDEN OF MOT	THER	Holmes			
13 BIRTHPL OF MOT (State of	ACE		D. C.	At place of death yrs, 4 mos, 15 ds. State yrs	S ds
(Informant)	S TRUE TO THE BES	T OF MY KNOW	LEDGE	Where was disease contracted, If not at place of death?	u.
(Address)		•••••••••••••••••••••••••••••••••••••••		19 PLACE OF BURIAL OR REMOVAL DAT	FOF BURIAL
16/23	1915	ram.	BULL	30 UNDERTAKER ADD	RESS
	PERS EX EMAL 6 ATE OF BIRT GE CCUPATION) Trade, profession riticular kind of the second continuation of the second continua	PERSONAL AND STATISTIC EX	PERSONAL AND STATISTICAL PARTICULA EX	PERSONAL AND STATISTICAL PARTICULARS EX	**STATE THE THOMAS Holmes **TO NAME OF FATHER (State or country) Washington, D. C. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Midress) **TO MARKED OF BIRTH SURVEY STATE OF BURNAL OR REMOVAL (Midress) **TO MARKED OF BIRTH SURVEY STATE OF BURNAL OR REMOVAL (Midress) **TO LAUNCH STATE OF BURNAL OR REMOVAL (Midress) **TO LAUNCH STATE OF BURNAL OR REMOVAL (Midress) **TO MARKED OF BIRTH SURVEY STATE OF BURNAL OR REMOVAL (Midress) **TO MARKED OF BIRTH SURVEY STATE OF BURNAL OR REMOVAL (Midress) **TO MARKED OR MIRROR OR MICROSCOPIC OR MICROS

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... If death occurred to Ward) a hospital or institution give its NAME lastead of street and oumber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOROR RACE MARRIED, WIDOWED. (Month) OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 ds. BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) certificate. 9 BIRTHPLACE Contributory. (Secondary) (State or country) 10 NAME OF & FATHER (Signed) 50 S back 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State yrs. mos. _____ yrs. mos. Where was disease contracted. 14 THE ABOVE IS THUE TO If not at place of death? Former or (Informant usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address 15 20 UNDERTAKER ADDRESS REGISTRAR If more hlanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dinemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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N. B.

PLACE OF DEATH 9611	STATE OF MARYLAND
County Batto	CERTIFICATE OF DEATH
22 (2/	Registration Dist. No. 3.7
Village or City / Parren (No.)	St.; Ward) [If death occurred in a hospital or Institution,
2 FULL NAME Key miald Be	cruside Harard give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single, windowed, windowed, windowed, windowed, with the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw him allve on Jame 10, 1913.
7 AGE If LESS than 1 day,hrs. 9 ds. ORmin.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	(about 7 mo)
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	(Secondary)
o 11 BIRTHPLACE	(Signed) Allower Eugen, M. D.
Z OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Way, Walker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs. mos. ds
(Informant) Moses Howard	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Harren Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Soll of Inven Complem Ferry Results
Filed June 17 191 5 Arzenna M. M. Cepuly REGISTRAR	20 UN DERTAKER DOVIG SAPPLESS YM
If more Banks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Arocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust, i, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing peath, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Preumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

sucb, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds:: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably sulcide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as -Hart failure," "Haemorrbage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Deblity" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For vio-



No. 1.

V. S.

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N S	-	PLACE	OF DEATH	9202	4
CIA	Count	y	Baltimore		(1)
should be stated EXACTLY. PHYSICIANS y be properly classified. Exact statement of certificate.	Villag	e or City	Boy View Asylu	(No	ITY HOS
CTLY.		² FU	LL NAME	Agnes Ir	nielnski
Tie		PERSO	NAL AND STATIS	TICAL PARTICU	LARS
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star ly c	Fe	male	White	OR OIVORCED (Write the word)	
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hould be stated EXAC be properly classified certificate.			(Mo	nth) (Day)	, 1.854
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e carefully supplied. plain terms, so that See instructions on	x (b) bus whi	CUPATION Trade, profesticular kind of General naturiness, or est chemployed (RTHPLACE (State or course)	f work		
.n e		10 NAME FATHE	OF		
F DEATH important.	PARENTS	11 BIRTHF OF FAT (State			
ation OF DE	PARE	12 MAIOE OF M	OTHER		
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of in	14 TH	E ABOVE	IS TRUE TO THE BE	ST OF MY KNOWL	EDGE
Every item o should state OCCUPATIO		(Informant)		***************************************	
Cul		(Address)		
	15	6/1	0 - 7	Juran 1	Belie
œ.	File	H	7, 191	(UVUVIV)	BEGISTRAR

1 PLACE OF DEATH

9202

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

D	otration	Dist	Ma	

St.	:	 V	/ar	d)			

If death occurred in a hospital or institution. give its NAME instead of street and number.]

ARS	MEDICAL CERTIFICATE OF DEATH
rried	June 19th 1915 (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
	June 9th , 191 5, to June 17th , 1915 ,
., 1.854	that I last saw h. er alive on June 17th 1915
If LESS than	and that death occurred on the date stated above, at 11.15
1 day, hrs.	The CAUSE OF DEATH # was as follows:
	Chronie Nephreles
	unbuowr
	Contributory Coure Sugocardeli
	(Signed) (Si
	June 17th 191 5 (Address ITY HUSPITAL
	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of deathyrs
005	Will a sure disease embanded
PGE	if not at place of death? Former or usual residence 321 S. Ann St.
	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
	Atanislans 6/21,1016
Lacio	20 PNDERTAKER
REGISTRAR	Lilux Juler 4038. Note

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groeery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated birth or missipage as "Puenperal septichaemia," "Puenpenal relocation," etc. State cause for which surgical operation was undertaken. For violent deaths under the head of "Contributory." (Recomnicadations suicide. The nature of the injury, as fracture head-homicide; Poisoned by carbolic acid. Struck by railway troin-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of to determine definitely. Examples: Aceidental drowning. etc., when a definite disease can be ascertained as the chopneumonna Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valuator heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcosles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(sewondary), 10 ds. The contributory (secondary or intercur-Never report mere probably of skull



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING W. S. No. 1.

4

rear Beckleywilleno. Village or City Lafart Dala TEL	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 St.; Ward) St.; Ward) Level Lugham St.; Ward of Street and oumber.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIES, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)				
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on				
TAGE If LESS than 1 day, /_hrs. yrsmosds. ORmin.? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 230 P.m. The CAUSE OF DEATH* was as follows: Premature Birth about 6 months, Dead when J. arrived there (Duration) yrs. mos. ds.				
9 BIRTHPLACE (State or country) 110 NAME OF FATHER Cliner T Lighau 11 BIRTHPLACE (State or country) Beehleyeville Bultoco. 12 MAIDEN NAME OF MOTHER Cla C. Jones 13 BIRTHPLACE OF MOTHER (State or country) Pylesville Tturford Co.,	Contributory. (Secondary) (Deration) (Signed) *State the Disease Causing Death, or, in seaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds.				
(Informant) (Address) Thecland Bultoco Md (Address) Thecland	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS DATE OF BURIAL 191 ADDRESS				

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 nant ncoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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state 2 0 shoul PHYSICIANS shou RECORD AGE <u>a</u> DEATH ō 9 Every Item CAUSE OF Important. 80 ż

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) 17 I HEREBY CERTIFY. That I attended deceased from (Month) Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a t day / Ahrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, CC OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State _____ yrs, __ _____ yrs. ____ mos. ___ _ ds. Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



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of information should be carefully supplied. AGE shall be DEATH in plain terms, so that it may be properly See instructions on back of certificate.

Every item of information CAUSE OF DEATH in plai WRITE

N. B.-

Important.

15

EXACTLY.

RECORD

1 PLACE OF DEATH County Bal timore

9200



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist.	No. 41
Village or City View Asylum	(NOTITAL	St. Ward)	[If dea

Ward)

[If death occurred la

ADDRESS

	FULL NAME	Alfred F	give its NAME Instead of street and number.]
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 color or race	6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	June 2nd , 1915. (Month) (Day (Year)
6 D	ATE OF BIRTH	, / 851	17 I HEREBY CERTIFY, That I attended deceased from May 17th 191 5 to June 2nd 1915 that I last saw h. 1m alive on June 2nd 1915
7 A	GE	If LESS than 1 day,hrs. or?	and that death occurred on the date stated above, at 1.45Am The CAUSE OF DEATH* was as follows:
(b) bus whi) Trade, profession, or ritcular kind of work		Contributory Secondary (Duration) yrs. mos & de Contributory Secondary
S	10 NAME OF FATHER Richa	rd Johnson	(Signed) W Nouston Voulsand, M. B.
PARENTS	12 MAIDEN NAME OF MOTHER Aller	Prout	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosdeathyrsmosdeathyrsmosdeathyrsmosdeathyrs
	THE ABOVE IS TRUE TO THE BES	ST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence 827 Raeburn St.
	(Addrage)		PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for "Exhaustion,"



UNFADING INK-THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

(No.....

HORD

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-0-0	St.;	Ward)	

[If death occurred to a hospital or institution,

2 FULL NAME Slyod Jahus	of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unale Megro Single, Married, Wiesle Woods	16 DATE OF DEATH June 10 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw he alive on 9 1913.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2,30 H m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Slevie dare.	Phthree Pulurals
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. ds.
10 NAME OF FATHER John Julium	Contributory Secondary (Duration) yrs mos ds. (Signed) 7, 7. Collolow, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Aunil Brooks	*State the DISEASE CAUSING DEATH, Sr. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place of death yrs mos ds. State Oyrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
Filed 6 /2 , 1915 MANIAN BASS REGISTRAR	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191 S 10 UNDERTAKER ADDRESS ACO N Helman
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neewho have no occupation whatever, write None. been changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm taborer, Laborer essary to know (a) the kind of work and also (b)Civit engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Furmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Mcastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERFERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichac etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection ueed not be stated unless important. valvular heart disease; Chronic interstitiat nephritis, oma, Sarcoma, etc., of..... (uame origiu; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) totanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. may be properly classified. 4 UNFADING INK-THIS IS should AGE carefully supplied. See instructions on back of certificate. PLAINLY, WITH .-Every Item of Information should be CAUSE OF DEATH in plain terms. WRITE Important. N.B.

1 PLACE OF DEATH

County.....

Baltimore



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

NI.	CITY	HOS	PITAL.
Na	Per 3: 1	11001	

VII		ULL NAME		(No. CITY H	OSPITAL.	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PER	SONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICA	L CERTIFICATE OF	DEATH
3 s	ex al é	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the	Single word)	16 DATE OF DEATH	(Month)	1st ,1915
6 D	ATE OF BIF	(Month)		, 1 873	May 10th	191 5, to Jur	
7 A		42 yrs		If LESS than	and that death occurred The CAUSE OF DEATH	on the date stated a	
(a) pa (b) bus whi	General natur iness, or est	olon, or worke of Indostry, ablishment in or employer)	***************************************		Contributory Secondary		Jecelucy Wis mos es noumoura
	10 NAME FATHE	Sam J.		on	(Signed)	(Comed)	yrs mos 7 ds
ENTS	11 BIRTHI OF FA (State	THER	yland		June 2nd 191 5.	CAUSING DEATH OF \$	n dootha from Wron
PAREN	13 BIRTHE	N NAME OTHER TILCY	Warner rginia		CAUSES, State (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs	NCE (FOR HOSPITALS, IN	(2) Whether Acciden-
	HE ABOVE	IS TRUE TO THE BEST	OF MY KN		Where was disease contracted if not at place of death? Former or usual residence 630 W	. cubuoe	فالر
16 FII	1	4 191 5 M	'S / d nu	Barr	19 PLACE OF BURIAL O JOHNS HO 20 UNDERTAKER	ekus	DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No/1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as should be taken to report speelfically the oeeupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcine

ete., when a definite disease can be ascertained as the ample: Mcasles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State eause for



statement ERMANENT Exact classified. pe properly Ш INK supplied. pe ADING may that 0 terms, should plain Information DEATH In WRITE 10

PHYSICIANS should of OCCUPATION IS certificate. 0 back 00 Instructions See Every Item CAUSE OF Important. S CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, Mussel WIDOWED, (Month) Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH & was as follows: OR mio. ? 6 OCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... (Secondary) (Deration) 10 NAME OF FATHER 11 BIRTHPLACE ENT (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER State or country of death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO It oot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association. cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-For VIO-



V. S. No. 1.

AGE should be stated EXACTLY. PHYSIOMANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be infimportant. See instructions on back of certificate.

of of	>	<	

1 PLACE OF DEATH

32: 9

STATE OF MARYLAND CERTIFICATE OF DEATH,

Registration Dist. No.

St.;... .Ward) [It death occurred to a hospital or institution, give its NAME instead

	FULL NAME Mr. Clarence	assfrasass of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
35	1 ale 2 hite 5 single, MARRIED, WIGOWED, ORDIVORGED (Write the word) Marrie	16 DATE OF DEATH (Month) (Day (Year)
8		1 HEREBY CERTIFY, That I attended deceased from
O D	WTE OF BIRTH	9 Jane 101910, to June 10, 1915.
	(Month) (Day (Year)	that I last saw has allve on
7 A	The Lead than	and that death occurred on the date stated above, at
	3 7 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	1St degree burn -
) Trade, profession, or	externas ve
A-der	rticular kind of work	accidental from explanen fa canof
bus	siness, or establishment in	Paint, (Duration) yrs mos of ds.
	ich employed (or employer)	Contributory Shock & acute neplinler
	(State or country)	Secondary
	10 NAME OF	(Duration) yrs mos ds.
	FATHER David Collman	(Signed) L/ Stofmann Coo., M. D.
TS	11 BIRTHPLACE	Mure 10, 19 5 (Address) At agnes Hospital
Z	OFFATHER (State or country) Penna	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
AREN	12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
4	OF MOTHER Do not know.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER	At place
	(State or country) vo to Nov v words v	of death yrs. mos. Shirts State yrs, mos. ds
14 ,	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant)	Former or usual residence near Land mas.
	(Address)	19 PLACE OF BORIAL OR REMOVAL DATE OF BURIAL
15		Laurel. (Md. June 14, 1915
FI	ed hune 1/ 1915 Al Ato / mann door	20 UNDERTAKER ADDRESS
	REGISTRAR	In Falsey Voon 1318 Light St
V	If more blanks are needed, address State Regis-	trar & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mennigitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



V. S. No. 1.

	tate
•	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very innertial to the contraction of the
RECORI	PHYSICIA of OCCU
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Statement
N PERM	stated Ed. Exact
IS IS A	hould be
HT-XX	AGE si properly
DING	Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be proposed.
UNFA	carefully o that it
. WITH	terms, s
LAINLY	nation si in piain
RITE P	of Inford
3	USE OF
	N. B.—Eve

Village or City Canton (No. 3802)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sangle, Widowed or Date of Birth	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
7 AGE (Month) (Day (Year) 1 day,hrs.	that I last asw has slive on Jame 8 ,191 d and that death occurred on the date stated above, at 12 40 km. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or perticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Cerebral Haemornhage (Duration) yrs mos ds. Contributory
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Doration) yrs mos ds. (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENCE) At place in the of deathyrsmosds Where was disease contracted, if not at place of death?
(Interment) Mrs. Benj. Sauero (Address) 3802 Fermood Olse 15 Filed June 13, 1915 Clan Miller Clausline REGISTRARIES	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Trinity bemetay Lune 13, 1915 20 UNDERTAKEN Likler & Girkler 3204 6 20 mill
	rer, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ehildbirth or miscarriage as "Puerperal scptichacnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of (name origin; "Can-eer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never eport ample: Mcasles (disease eausing death), 29 valvular heart disease; Chronic interstitial nephritis, ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) "Senile," (Recommendations on statement of ete.), "Dropsy," "Exhaustion," State cause for



PHYSICIANS shou PERMANENT 000 back EATH in plain e instructions WRITE A OF Important. Every Ite

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Patting Registration Dist. No Ilf death occurred in .Ward) a hospital or institution. give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE WIDEWED (Month) e word) I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE ..., 191 5... (Address) OF FATHER (State or country) V*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At piace OF MOTHER (State or country) was disease contracted 14 THE ABOVE IS BEST OF MY KNOWLEDGE If not at place of death? usual residence 15 ADDR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG.51915
BUREAU, V.S.

02

PERMANENT IS UNFADING INK-THIS PLAINLY, WITH

PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS Village or City RECORD statement PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, 4 COLOR OR RACE WIDOWED. ORDIVORCED (Write the word) 6 DATE OF BIRTH classifled. (Month) (Day (Year) TAGE If LESS than pinous 1 dayhrs. properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 0 DEATH in plain terms, See instructions on back 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER of Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE CAUSE OF (informant). Important. 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

ANG HAGE	Registration Dist.	No
<u> </u>	St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
MED	ICAL CERTIFICATE OF	DEATH .
16 DATE OF DEATH	Jul 20)
400000000000000000000000000000000000000	·····	(Day (Year)
17 Gril 26	REBY CERTIFY, That I at	4 20 ,191
that I last saw h	alive on gu	019,1915
and that death occur	rred on the date stated ab	ove, at # 1509 m
The CAUSE OF DEA	ATH* was as follows:	
Pull	usi Puleum	alis
***************************************	(Duration)	_yrsda
Contributory Secondary	***************************************	1998)
(Signed) 7, 7.	(Ouration)	yrsdsds
June 20, 191	5 (Address) City Th	Haspital
*State the DISEA CAUSES, state (1) TAL, SUICIDAL, or	ASE CAUSING DEATH, or, In MEANS OF INJURY; and HOMICIDAL.	deaths from Violent
At place	In the 7	
of death yrs/_ Where was disease contra If not at place of death?		yrs, ds
Former or usual residence	nous	7 7 7 7 1 AMAR ANN NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
19 PLASE OF BURIA	at least	6/2 1/1915
20 UNDERTAKET	0 110 14	DORESS II

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Wenreu at home, who are engaged in the duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galufuity, employed, as At school or At home. Care who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil chorneer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "PUERFERAL peritonitis," etc. childbirth or miscarriage as "Puerrekal septiehae ete., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aeciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it made important, See instructions on back of certificate.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very f certificate.

RECORD

A PERMANENT

1 PLACE OF DEATH

Balti

MUNICIPAL TUBER

CE HOP

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;---Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

FULL NAME Planas Kitriek

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH 2 6 ,191 5 (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
18.6	3 apr, 101915, to June 261911
(Month) (Day (Year)	that I last saw h alive on 26, 1915
7 AGE It LESS than	and that death occurred on the date stated above, at
S 2 yrs mos ds. 1 day, hrs	The CAUSE OF DEATH* was as follows:
B OCCUPATION	- Cardiae mulk ciences
(a) Trade, protession, or Q 18-0	0 0
particular kind of work	
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	. (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
variable!	Ouration) yrs mos ds.
10 NAME OF Juneland Kittiel	(Signed) E Se Confte Cole, M. D.
In BIRTHPLACE OF FATHER (State or country)	June 27, 1915 (Address) Musiciful 29 11 ref.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Eliza Sharkar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds state yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Intermant)	to not at place of death? Former or usual residence. 119 W. Prate St
	19 4 4 4
(Address)	DATE OF BURIAL
1/27 - Mul 11/B	1915
Filed of to 1910 Man Valr	PUNDERTAKER ADDRESS
REGISTRAR	1 Kik. O Mern uttom on Nothing

If more blanks are needed, address State Registfar, VE. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Earm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery Important, so that the relative healthful-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

EAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctess of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequeuees (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County Satternase (No. 4 and	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution,
2 FULL NAME appolania a.	Neug give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED Heart Jemale White Write Write World	16 DATE OF DEATH Since 29 1915 (Month) (Day) (Year)
6 DATE OF BIRTH Of 76 (Month) (Day) (Year)	that I last saw here alive on June 29 , 1915;
7 AGE 6 H yrs 8 mos ds if LESS than 1 day, hrs.	and that death occurred on the date stated above, at . m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or Place (b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) / yrs 2 mos ds.
9 BIRTHPLACE (State or country) Sattinione	Contributory Secondary (Buration) grs. mos. ds.
TATHER COME SKURPS 11 BIRTHPLACE OF FATMER OF FATMER OSLAGO OF COUNTY DALLINGS 12 MAIDEN NAME	State the DISPASE CAUSING DEATH, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACY KASSELbeager 15 BIRTHPLACY SERVING OF MOTHER (State or contary) Serviary 14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In ths of deeth
(Informant) Oders Niley	if not at place of death?
(Address) AN Called Ched Sking La 15 Filed Asses 30, 191 Claces Francisco	Marys Cur Govand July 7, 191.5. 20 UNDERTAKER WALLS NOW HOWARD ROYAL
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook employed, as At school or the duties of the household only (not paid Housekeepers cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Luborer "Foreman," "Manager," "Dealer," etc., without incre of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-Example: Measles (disease causing death), 29 ds.; Bronto determine definitely. Examples: Accidental drowning; or miscarriage The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere important.



MARGIN

of OCCUPATION is very PECORD properly classified. Exact statement of PERMANENT stated EXACTLY should be UNFADING INK-THIS IS AGE carefully supplied. that it may be See instructions on back of certificate. Every item of Information should be c WRITE PLAINLY, WITH Important.

V. S.

N. B.-

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[it death occurred in a hospital or institution give its NAME instead ot street and number.]

PER	RSONAL AND STATISTI	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED	ord) Lingle	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BI	BTH	(() tto ttie w	ord, engle	I HEREBY CERTIFY, That I attended deceased from
FOCCUPATIO (a) Trade, profes	(Mongh) H J yrs / O	mos	it LESS than 1 day,hrs. ORmin.?	that I last saw has allve on line 6, 1915 and that death occurred on the date stated above, at 72 m The CAUSE OF DEATH* was as follows:
BIRTHPLAC	ure of industry, stablishment in (or employer)		••••••	(Duration) yrs. mos. ds
C 12 MAIDE	OF Michola	land s Frear ryland	ner	(Signed) (Ouration) yrs mos ds (Signed) , 191 5 (Address) , M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
13 BIRTH OF MC	Sarah IPLACE OTHER e or country) Ma	Cornel myland TOF MY KNOW Tream	LEDGE LEV	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs. mos. 2 ds. State yrs, mos. ds where was disease contracted, it not at place of death? Former or usual residence. 50 Daniel Will Are
(Address	s, 1501 Dru	Hofman	ave.	19 PLACE OF BURIAL OR REMOVAL Calbedral Cernely 20 UNDERTAKER Many M. Meyer 2 1 2 5 1 7

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreucesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," nant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



702

RECORD PERMANENT UNFADING

PHYSICIANS shoul ciass 75 properly pe may terms, n back plain Instructions 2 DEAT OF important. Every

10 NAME OF

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

OF MOTHER

ARENTS

16

pinous

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. Ilf death occurred la a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED. 1914 WIDOWED -ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) TAGE If LESS than 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) Secondary (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENTS)	HOOFITALS, INS	III U II ONS	INANSIEN	TS
At place of death yrs mos ds.	In the State	yrs,	mos.	ds
Where was disease contracted,				

usual residence

18 FROTH OF RESIDENCE FOR HOL

DATE OF BUREA , 191 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: statemeut. CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, uant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," (Recommendations on statement of The nature of the "Exhaustion," Never report For vio-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH County Dalto	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mr Mashuglano. Phil	St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Write the word)	16 DATE OF DEATH HAVE - 2 2 , 1912 (Month) (Day (Year)
6 DATE OF BIRTH FEL 24, 1849 (Month) (Day (Year)	That I attended deceased from I start I attended deceased from I start I last saw h. Alexandre on James 11, 1915.
7 AGE 66 yrs 3 mos 28 ds. or min.?	and that death occurred on the date stated above, at 7.35 Am. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Bulbar Varalysis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 8 mos ds.
(State or country) Balls, Co, Md	Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MOTHER 10 MOTHER 11 MILE 12 MILE 13 MILE 14 MILE 15 MILE 16 MILE 17 MILE 18 MILE 19 M	191 (Address) GUICMY GIL
a leizabed M corroll	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place 2 yrs. 9 mos. ds. State 66 yrs. 3 mos. 28 ds. Where was disease contracted,
(Informant) Cocar F. Packey	If not at place of death?————————————————————————————————————
(Address) 904 11. Value 1 D1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STO SONATURES COM Experietty 6 - 2 4, 191 5 20 UNDERTAKER ADDRESS 2
Filed Jan 23, 1915 Henry a Nacher REGISTRAR	Henry W. Jenkins Bon & Mc Pullon 20

f more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Thyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent)



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RECORD PERMANENT INK UNFADING WRITE

should is PHYSICIANS S 9 5 back ons plai ATH In Instructi EAT 0 PO CAUSE OF Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. fif death occurred is Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEY 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 7 AGE If LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or a particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) --Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace in the OF MOTHER (State or country) of death _____ yrs. ___ mos. __ State _____ yrs. _ Where was disease contracted. If not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. mine, etc. statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcincteris

genital," "Senile," etc.), cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of childbirth or misearriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uenreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of "Dropsy," "Exhaustion," For vio-



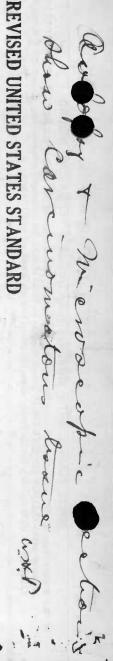
V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY should state CAUSE OF DEATH in plain terms, so that it may be properly classified Ex OCCUPATION is very important. See instructions on back of certificate.		PHYSICIANS act statement of	
_	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.

Village or City View Asylum (NGITY HOS)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. ds. OR min.?	April 7th ,191 5to June 9th ,191 5, that I last saw h imalive on Aune 9th ,1915 , and that death occurred on the date stated above, at6. 40A. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)	Carcinoma Flenc Plyan & Colon (Ourellon) yrs. moe. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Burstion) yrs. mos. ds.
10 NAME OF Edward Lingan 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Nouston Voulson, M. O. June 9th . 191 5 (Address) CITY HOSPITAL. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Annie Wright 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yre. 2 mos. 2 ds. Stata, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 1.612 Jackson St.
(Address) 15 6/10 m 5 Missaul Baex	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR



CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worker on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in the second statement. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated surcule. head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Purperal septichaemia, mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere on Nomenclature of the American Medical Association.) Struck by rollway train—occident; Revolver wound of to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite discuse can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valualar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Exhaustion,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUNI 11915
BUREAU.V.S.

T. B. No. 1.

N. B.

1 PLACE OF DEATH 9220	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 225-38
Villags or City Roland Park (No. 1010, 1010)	Falla Road St; Ward) [If death occurred is a hospital of lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute Single (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
TAGE S DATE OF BIRTH (Month) (Day) (Year) (Year)	that I last saw h messive on four 9 ,1915 and that desth occurred on the date stated above, at 130 Pm.
yrsmosds. t day,hrs. ORmin. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs, mos. 3 ds.
BEIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER HOWARD DIPLOY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed), 191 S. (Address) SUV 22 3 3 4 S. *State the Disease Causing Death, or, in deaths from Violent- Caussis, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mod.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds, State yrs mos ds,
(Informant) Howard The BEST OF MY KNOWLEDGE (Address) 10/0 Halls Hadd	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Luce 9 1815 M 9 Porth REGISTRAR	3º UNDERTAKER PADDRESS TONORS PADDRESS P

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto./Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vromia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," may be stated under the head of (Recommendations on statement of or Homicidal, or as probably (name origin; "Can-"Exhaustion," Never report



V. S. No. 1.

N. B.

PHYSICIANS should state of OCCUPATION is very PERMANENT RECORD supplied. AGE should be stated EXACTLY. Imay be properly classified. Exact statement 4 UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. S

Village or City Mr Hope (No. Het)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 37 Hope Remain St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Sangle, Market, Woods (Write the word) 6 DATE OF BIRTH SOLOR OR RACE 6 SINGLE, MARRIED, WIDOWND, WIDOWND, WIDOWND, WIDOWND, WITH THE WORD)	16 DATE OF DEATH June 121, 1915. (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from May 121, 1915.
(Month) (Day (Year)	that I last saw h & allve on May 310+ 1915
TAGE CLOT 75 Yrs. 0 mos. 0 ds. ORmin.? COCUPATION (a) Trade, profession, or Religious - Listing Charily - particular kind of work. (b) General nature of industry,	and that death occurred on the date stated above, at 6 A m. The CAUSE OF DEATH* was as follows: Senile Mania - abt 3 years
business, or establishment in Hospital Mursing which employed (or employer) BIRTHPLACE (State or country) frw Orleans La	Contributory Paralysis - (R. Humipligia) Secondary Cold
10 NAME OF FATHER NOT KNOWN 11 BIRTHPLACE OF FATHER (State or country) NOT KNOWN 12 MAIDEN NAME OF MOTHER (SOLUTION)	(Signed) Frank & Flanney, M. D. Mue 1et, 1910 (Address) Met Hope Med-
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) NOV KOUNT 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 4 in the Doub Know of death 2. yrs ds ds ds ds ds
(Informant) Records of Mr Hope Remay (Address) WI Hope md-	Former or usual residence. Ecualisticing Ued. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL MANAGEMENT OF BURIAL OR SEMOVAL PATE OF BURIAL MANAGEMENT OF BURIAL OR SEMOVAL PATE OF BURIAL MANAGEMENT OF SEMOVAL PATE OF S

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

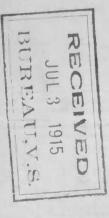
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise speci-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juauition," "Marasture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of For vio-



A PERMANENT RECORD

1 PLACE OF DEATH

RESERVED MARGIN

V. S. No. 1.

Vill	lage or City	M	UNICIPAL(No		Z LUSIS	St.;Ware	Flf death
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	PERSONAL AND	STATISTICAL	PARTICULARS		ME	DICAL CERTIFICATE	OF DEATH
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7 A C		(lf I	ESS than and t	hat death occu	arred on the date state ATH* was as follows:	ed above, at 6
(a) par (b) busi	CCUPATION Trade, profession, or floular kind of work	Coo	K		Ohth.	(Ouration)	- yrs 6 m
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ARENTS	11 BIRTHPLACE OF FATHER (State or country)	arles	macs	(Signe	₩ <u>></u> ,19	A CAUSING DEATH, MEANS OF INJURY;	
PAR	12 MAIDEN NAME OF MOTHER	Louis	Harr	18 LE OF At pla	ENGTH OF RES	SIDENCE (FOR HOSPITAL ENTS)	
	OF MOTHER (State or country) HE ABOVE IS TRUE TO	THE BEST OF	MYKNOWLEDG	Where	was disease cont at place of death?	mos. 2 ds. State racted, White	noun
	(Address)			usual	ACE OF BURY	ALJOR REMOVAL	of test ou
15	/ / /	- M11	10.1/	26/4	ABERTAKEA		ADDRESS

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the klud of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, For many occupations a slugle word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puemperal peritonitis," etc. State cause fer childbirth or miscarriage as "Puerperal septicheecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marg's-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: which surgical operation was undertakeu. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for maligtctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of (disease causing death), 29 ds.; For Vio-



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SICIANS should occupation is PHYSICIANS * statement PERMANENT EXACTLY. classified. pe should INK-THIS properly AGE supplied. pe may certificate. that 0 50 back terms, plain DEATH in plain WRITE of in Every item CAUSE OF Important. S

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or Institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH November 13 (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR 7 SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE 806 If not at place of death? e ceased Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .---15 26 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 'n

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the ocenpations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by eurbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aeei ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



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MARGIN RESERVED FOR BINDING .	WAITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, P should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION Is very important. See instructions on back of certificate.
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	ty	OF DEATH Baltimore Www.Asplus)(No	By View	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
		NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3 SE	emale	4 color or race	5 SINGLE, SINGLE, WIDOWED OR DIVORCED (Write the word)	ngle	June 12th 191 (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
7 AG	00001108	7,51	nth) (Day)	1 day, hrs.	April 24th
par (b) bus whi) General natu iness, or est	or employer)			Gurallon (Gurallon) yrs mos. Contributory Broncho-pneumonia. Secondary yrs mos 2
10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME			(Signed)		
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		EDGE	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of deeth yrs. 1 mos. 18 ds. Slale, yrs. mos. Where was disease contracted, if not el place of death? Former or usual residence Unknown		
15	(Address	5 , 191 <i>5 M</i>	uriam E	REGISTRAR State Registrar.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SOUTHERTAKER ADDRESS 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Heatth Association.]

state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coul mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part d statement. Never return "Laborer," Women at home, who are engaged in At home. Care should be Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

and consequences (c. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma,2 "Convalsions,2 "Debility" ("Con-Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL "Puerperal peritonitie," etc. State cause for which birth or misearriage as cause. "Heart failure," "Haemorrhage," "Inunition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. Examples: Accidental drowning, etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Il'hooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or interenrby earbolic acid-probably "Puerperal septichaempa, "Dropsy," Never report amere (Recommendations "Exhaustion,



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state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No., I'll death occurred in a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) Month) (Day I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, t dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? mos. BOCCUPATION (a) Trade, profession, or anne particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ___ mos. __ _ ds. State ____ yrs, _ Where was disease contracted, THE ABOVE IS TRUE KNOWLEDGE If not at place of death?. Former or usual residence. (Address) ----DATE OF BURIAL 15 20 NOERTAKER ADDRESS REGISTRA If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the pisease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

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eause of dcath approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head 'Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAE, OF HOMICIDAL OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cte, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULT 1915
BURTAU, V.S.

V. S. No. 1.

N. B.

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 9220	STATE OF MARYLAND
Gounty Caleto	CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City Classes (No. 74 / K	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
DATE OF BIRTH (/5 (Month) (Day) (Year)	415 7 elle 1915 to 4 5 15 - 3 Pelle 1915, that I last saw h was allve on 9 5 1915
AGE Price of Length Length 1 day, 8 hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Contributory. Duration yrs. mos. /3 ds.
11 BIRTHPLACE OF FATHER OF State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?
(Informant) (Address) (Address)	Former or usual residence. Populace of Burial or Rêmovas: Date of Burial Laufs Variable Willy 16, 1915 20 underfaker Address Address Address
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative sealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Women at home, who are engaged in the a definite salary), may be entered as Never return "Laborer," As examples: But in many For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinose

affection need not be stated unless important. such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrement scottchac etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial arphritis oma. Sarcoma. etc., of sepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," ___ (name origin; "Can-State cause for "Exhaustion," Examples:



PLACE OF DEATH

Villa					cd) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
•	PERSONAL AND ST	ATISTICAL PARTICU	LARS	MEDICAL CERTIFIC	ATE OF DEATH
3 SE	ate Black	ACE 5 SINGLE, MARRIED AT WIOOWEO OR DIVORCEO (Write the word)	ried		e 27th , 1915 Month) (Day) (Year)
6 DA	TE OF BIRTH	(Month) (Day)	, 1.860 (Year)	Sept. 4th 191 4, to	
7 AG		mes,ds.	If LESS than 1 day, hrs. OR min.?	and that death occurred on the c	late stated above, at 12.4
3 (b	Trade, profession, or ricular kind of work	North Caroli		Contributory Orte	ration) yrs, mos ds resselectoris mos ds
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER	known "		*State the DISPASSE CAUSING DE CAUSES, state (1) MEANS OF INJURY SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS) At place	
	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE (Informant)		EDGE	of death yrs. 9 mos. 23ds. Where was disease contracted, if not at piece of death?	State,yrs,mosds.
15	(Address)	2	0	Mt. Auburn	
File	June 28th	Miram	Ball	James H. Dehnis	ADORESS 1303 Presstma

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (relired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Collon taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, very in:portant, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, letanus) may be stated on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train-accident; Revolver wound of state means of injury and qualify as accidental, "Puenperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "H::emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinona, Sarcoma, etc., of..... Always qualify all diseases resulting from childmiscarriage as "Puerperal septichaemia," (secondary), 10 ds. The contributory (secondary or intereur-"Dropsy," carbolic acid-probably State cause for which Never report mere (Recommendations "Exhaustion,"



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STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. lif death occurred toWard) a hospital or Institution, give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day, hrs. OR mio. ? 6 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ----Contributory 9 BIRTHPLACE (Secondary) (State or count 10 NAME OF FATHE/R 11 BIRTHPLACE Z OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country _ yrs. mos. ds. State yrs, ____ mos. ... Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 15 29 ON DERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles affection need not be stated unless important. oma. Sarcoma. etc., of __ ter" is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Candeath), 29 ds. For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL6 1915
BUREAU,V.S.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred to a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. DATE OF DEATH MARRIED. WIDDWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from OF BIRTH 25 (Month) (Day (Year) TAGE tf LESS than 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENT (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS 1003 REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECENTED
JUL6 1915
BUREAU, V.S.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Phesville (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw him alive on June 23 1915
7 AGE 1 LESS than 1 day,hrs. ORmin.? 6 OCCUPATION (a) Trada, profession, or particular kind of work None	and that death occurred on the date stated shove, at S. P. m. The CAUSE OF DEATH* was as follows: Calvular hund Deserve
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER COFFATHER (State or country) Mashington 11 BIRTHPLACE OF FATHER (State or country) Mayland 2 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs. mos. ds. (Signed) (Address) (Address) (Address) (State the Dispase Causing Duration or in death for Year
13 BIRTHPLACE OF MOTHER (State or country) Maryland	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) /403-30, 4h. M. M. M. Shuyton	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Och Hell General D. G. Chune 257, 1915
Filed June 24, 191 5 Haury G. Hayler REGISTRAR	20 UNDERTAKER ADDRESS Cl. De Kraft Kibervillo

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b)
Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. fication, as Day laborer, Farm laborer, Laborerstatement. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In all already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or lostitution. give its NAME instead of street and number. 3 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 5 SINGLE. 4 CALOR OR RACE MARRIED, WIDOWED. (Month) (Day) ORDIVORCED (Write the word) EREBY CERTIFY. That I attended deceased from (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ------9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. State vrs. Where was disease contracted. If not at place of death? PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Carc Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.: affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of _ is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



UNFADING

PERMANENT

1 PLACE OF DEATH

CERTIFICATE OF DEATH OCCUPATION Registration Dist. No. fif death occurred la .Ward) a hospifal or Institution, give its NAME instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH BARRIER WIDOWED. W Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1851 (Month) (Day (Year) classi 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day, hrs. OR min. ? properl BOCCUPATION (a) Trade, profession, or particular kind of work. be (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER plal 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State yrs, __ _ ds. DEAT Where was disease contracted. If not at place of death?. OF osual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1:

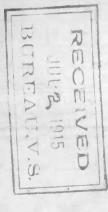
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The question

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhold fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shoek," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstilial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eousequenees (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," cte., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, letanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal seplichacis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for



SICIANS Should PHYSICIANS RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ENT SINGLE, Warried 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX PERMAN ORDIVORCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than t day,hrs. cia 8 OCCUPATION (a) Trade, protession, or particular kind of work supplied. (b) General nature of Industry, business, or establishment In which employed (or employer) UNFADIN 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 0 back 191 . (Address) S 11 BIRTHPLACE Z terms OF FATHER (State or country) ш 2 12 MAIDEN NAME plain 4 OF MOTHER instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country) of death yrs. mos. ds. I of Inf Where was disease contracted. It not at place of death? Former or Item OF usual residence. mportant. Every II 19 PLACE OF BURIAL OR REMOVAL (Address). 15 20 DINDERTAKER m REGISTRAR ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

StWard)

It death occurred in a hospital or Institution, give its NAME instead ot street and number. 1

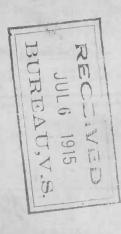
(Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was amfollows: (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State yrs. mos. ds DATE OF BURIAL ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease to the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the -A art failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPEBAL septiehae-(name origin; "Can death), 29 ds.: "Exhaustion," Never report Examples:



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should si NOI OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY classified. properly supplied. be UNFADING may certificate. 80 of WITH back terms, should CO PLAINLY, plain Instructions Information 2 of Inford See Item 1 mportant. Every It

Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred la Village or City St .: Ward) a hospital or Institution, give its KAME Instead of street and number. I 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) yrs. / mos. O ds. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address).... ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. ... Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence.

REGISTRAR

19 PLACE OF BURIAL

DATE OF BURIAL

20 UNDERTAKER ADDRESS

It more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b)Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless Important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (discase eausing death), 29 ds.; "Exhaustion," For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

N.B.

PLACE OF DEATH	STATE OF MARYLAND
County Baltinure	CERTIFICATE OF DEATH
Reaked md	Registration Dist. No. 40
2 FULL NAME John Frederic	Reproductive street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 13 ,1915
B DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
May 12 ,1903 (Month) (Day (Year)	that I last saw h alive on, 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1.30 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Ciccidential drowning
business, or establishment in which employed (or employer)	Contributory (Duration)
(State or country) Baltim ore Country	Secondary (Duration) yrs mos ds
10 NAME OF H. C. Mordy	(Signed) Ses. E. Clayton act Comos
11 BIRTHPLACE OF FATHER (State or country) Penroylvania	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENIA
MY OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Baltinger City	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place In the of death yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(Informant) Ho. G. M. wady	Former or usual residence
(Address) Kydeo Md.	St. Johns Our, Kingsville June 16, 1915
Filed me # 1915 - A & Sorech	29/UNDERTAKER HOUR FOR MIDES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



BINDING

FOR

RESERVED

MARGIN

	y Bal		(NO		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
		NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3 sex		4 color or race Black	5 SINGLE, MARRIED, WIDDWED WI OR DIVORCED (Write the word)		June 7th , 1918 (Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased fro
7 AGE		(Mo	nth) (Day)	, 7 885. (Year) If LESS than 1 day, hrs. OR min.?	December 8th, 191 4 to June 8th ,195 that I last saw her alive on June 7th ,191 and that death occurred on the date stated above, a 202 The CAUSE OF DEATH * was as follows:
(a) partl (b) bush whic	General natur	f work re of indusiry sblishment in or employer)		. \$	Contributory Gaugrene of Foe Secondary (Ouration) yrs. mos. Contributory Gaugrene of Foe Secondary (Ouration) yrs. mos.
ENTS		LACE HER or country)	nown		(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)			U ST OF MY KNOWLE	EDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At piece of death yrs. 5 mos. 29 ds. State, yrs. mos. Where was disease contracted, if not at piece of death? Former or usuel residence Unknown (227 LK Paul A
15 Filed	(Address)), 191 <i>5</i> M	vriand.	BALL REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 20 PRIDERTAKER OF W. Saratoga St., Balto., Registing V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cottan mill; (a) Salesman, (b) Gracery; (a) Faremon, (b) Autoengaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day labarer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physi-Hausemaid, etc. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compasitor, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever If the occupation has been changed Architect, Locomotive Never return etc., without more If retired from engineer, Civil

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory.". (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Scnile," etc.), "An temia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinóma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; cause. "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichuemia, Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion,



PLACE OF DEATH N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH

County	
MUNICIPAL TUBERCULO	Registration Dist, No.
Village or City Saywells (Mothers)	St.; Ward) [It death occurred in a hospital or institution,
PI II	A give ite WANE Instead
2 FULL NAME lichard Moregan	alian hich and Burke of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOBOR RACE 5 SINGLE, MARRIED, Single	16 DATE OF DEATH June 7
WILL WIDDWED. ORDIVERCED	(Month) (Day (Year)
(Write the word)	17 HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH	1915, to feel 7, 1915,
(Month) (Day (Year)	that I last saw he alive on June 7 1915
(Month) (Day (Year)	
38 1 day,hrs.	and that death occurred on the date stated above, at 9.30 pm.
yrsds. <u>OR</u> min. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION MINISTRAL	Patter Pulentuali.
(a) Trade, protession, or Wood Jewisher particular kind of work	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs mos, ds.
9-15-11-1-1-1	ContributorySecondary
(State or country) Saltunoil	Couration)yrsmosds.
10 NAME OF Louge Morgan.	
	(Signed) E. Se Compte Cooke, M. D.
11 BIRTHPLACE OF FATHER BUILD GO	June 8, 191 5 (Address) Municipal It In
(State or country)	*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Mary Knowland	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Ballurione	At place in the walking
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of dealh?
(Interment)	Former or usual residence 213 Precident
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 / / h	Holy 6 1000 6/10 1915
Flied 6 8 1915 Mirlan Baer	20 UN PRETAKER A ADDRESS
REGISTRAR	Chrowley no notulting
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacgenital," "Senile," ctc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



state Very CERTIFICATE OF DEATH 10 Coun SICIANS should OCCUPATION IS Registration Dist. No PHYSICIANS -Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH pe (Month) (Dav (Year) TAGE If LESS than pinous 1 day hrs. INK-THIS The CAUSE OF DEATH* was as follows: OR 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. UNFADING business, or establishment in may which employed (or employer) certificate, BIRTHPLACE Contributory. Secondary (State or country) that (Doration) 10 NAME OF FATHER 80 ō be back ARENTS 11 BIRTHPLACE terms, , 191.5. (Address) pluods OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. O mos. of EATH Where was disease contracted. If not at place of death? 6 9 OF Item Every Item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) -3 ward 15 120 UNDERTAKER ADDRESS m Joehuly REGISTRA If more blanks are needed, andress State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

Ilf death occurred in

a hospital or institution.

give its NAME instead of street and number. 1

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caumia," "Puerperal peritonities," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) ".Contributory." The contributory (Recommendations on statement of (secondary or intercurrent)



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should si NOI OCCUPATION PHYSICIANS RECORD EN EXACTLY RMAN tated classified. D shou properly AGE supplied. 90 may certificate. that 20 ō terms, pinous piain instructions information Ľ DEATH See 50 E OF Important. Every

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred to Village or City. a hospital or lostitution. give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 to (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment lu (Duration)grs........ds. which employed (or employer) Contributory.... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State yrs. ____ ds. Where was disease contracted. If not at place of death?. Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DAGE OF BURIAL 15 29 ONDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronia mere symptoms or terminal conditions, such as "Aszer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Count	Mato 1. + a lewy	STATE OF MARYLAND CERTIFICATE OF DEATH Contain St.; Ward) St.; Ward) Contain St.; Ward)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Ma	le Ithit Server Server Marrieo Married Married	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
10.0	(Month) (Day) (Tear)	fan 10 , 1915, to man 2.7 , 1915, that I last saw hum allve on June 2.7 , 1915.
7 AGE	If LESS than 1 day,hrs. ORmln. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
particula	profession, or chief clerk neusules al nature of industry,	Rephilis & arteriorsceleroris
Which em	or establishment in the local State 1. PLACE or country) Baltimore President State 1.	Contributory Complications (Secondary) (Duration) yrs mos ds.
S 11 1 (8	BIRTHPLACE OF FATHER Dublin Seland	(Signed) (Address)
13 8	IRTHPLACE OF MOTHER ALLE OF COUNTRY) AND COUNTRY AND COUNTRY OF MOTHER AND COUNTRY OF MO	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
(Inform	Sheet and inter mit	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed	Address). Heury a. Naz Gr. REGISTRAR	Mr Clives Ole Man 36, 191 5 20 UNDERTAKER BOOK 603/11 Balts
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis uant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for



V. S. No. 1.

Cour	nty Place OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 30
Villa	age or city llatouselle of pri	The St.; Ward) Ossman [If death occurred a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF OEATH (Month) (Day) (Yes
6 DATE OF BIRTH		that I last saw he alive on the 25, 191
7 AG		and that death occurred on the date stated above, at. 5. The CAUSE OF DEATH * was as follows:
7 7	a) Trade, profession, or a) mestice profession, or an arrival profession, or arrival profession, or arrival profession, or b) General nature of industry usiness, or establishment in hich employed (or employer)	Contributory Secondary Contributory Secondary
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	(Signed) (Duraitin) yrs mos. (Signed) (Signed) (Address) (Colored Causes, state (1) Means of Injury; and (2) whether Accidental
PA	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS) At place 2 yrs
	(Informant) Song sieve Hate Hem	Former or usual residence
	(Address) leasonesoule Mid	PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OATE OF BURIAL OATE OF BURIAL PLACE OF BURIAL APORESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully write None. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (o) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified.

on Nomenclature of the American Medical Association.) an statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-occident; Revolver wound of head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as mus," "Old Age," "Shock," "Ursemia," "Weakness, to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, ctc. cough; Chronic vulvular heart diseose; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... The contributory (secondary or intercurby carbolic acid-probably "Puerperal septichaemia," "Dropsy," "Exhaustion,"



V. S. No. 1.)			
	WRITE	PLAINLY,	WITH	UNFADING	INK-TI	HIS IS	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	RECOR
N. BEvery item of information should be carefully supplied. AGE should be stated EXAC	of infor	rmation sh	ould be	e carefully s	upplied.	AGE	should be stated	EXAC
should stat	te CAUS	SE OF DEA	TH in	plain terms	, so that	it may	should state CAUSE OF DEATH in plain terms, so that it may be properly classified.	ssified.
FAGILOCO	ON IO	John impor	tant 6	See instruct	ione on	hank o	OCCIDATION is very important. See instanctions on back of certificate	

	PLACE OF DEATH	STATE OF MARYLAND
Cou	inty Putlinine 16	CERTIFICATE OF DEATH
		Registration Dist. No. 30
Villa	age or City leatons all (No. Sport	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO OR DIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That Vattended deceased from
	(Month) (Day) (Year)	that I last saw h alive on tue 6 , 1915
7 A	ge If LESS than 1-day, hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or articular kind of work	
14	b) General nature of industry usiness, or establishment in thich employed (or employer)	(Buration) 3 yrs. mos, ds
	STATHPLACE (State or country) Manufley	Contributory Clate Justices
10	10 NAME OF alexander Orene	(Signad) (Duration) yre mos 2 ds
RENTS	11 BIRTH PLACE OF FATHER (State or country) 12	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PAR	12 MAIDEN NAME CEWIL Orho Cl	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Wouldand	At place in ths of death
14 T	(Informant) Was defected	Where was disease contracted, if not at place of death? Former or
	(Address) Misling Ca D. Co.	19 PLACE OF BURIAL OR REMOVAL MA OATE OF BURIAL
15 FI	Hed June 7 , 1915 Maishall B. Wrot REGISTRAR	J. D. Wallett 2238 Seed & an
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (refired or given up on account of the disease causing dea Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile foctory. The material worked on may form part mill; (a) Salesman, (b), Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to caelt and every person, irrespective of ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oeeupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, At home. Care should be Never return If retired fi "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonities," etc. State cause for which state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), chopmeumonia (secondary), 10 ds. cough; Chronic vulnular heart disease; Chronic interstitial ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as "Asthema," rent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of. by railway train-occident; Revolver wound of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" Never report mere "Exhaustion," ACCIDENTAL, ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAULY:S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of accupation is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH 9243

STATE OF MARYLAND CERTIFICATE OF DEAT

gounty / DMC	CERTIFICATE OF DEATH
MUNICIPAL TUBERCUL	Registration Dist. No.
Village or City (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male of the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Write the word)	18 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from Spil 21, 1915, to June 31, 1915
(Month) (Day (Year) 7 AGE 2 0 yrs 2 mos ds OR min.?	and that death occurred on the date stated above, at 130 Pm The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) The anyload	Gontributory Secondary
10 NAME OF FATHER Condrew Product? 11 BIRTHPLACE OF FATHER (State or country)	(Signed) 7, 7, Colly 1915. M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental Colleges of Holder
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OT HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos. ds. State 2.0. yrs, mos. ds Where was disease contracted,
(Informant)	Former or usual residence 5.15 Wadeira St.
(Address) 16 Filed 6/27, 191 5 Marian Bari Registrar If more blanks are needed, address State Regis	TO WE LEEMS DATE OF BURIAL OF THE STATE OF BURIAL ADDRESS FOR THE STATE OF BURIAL OF THE STATE OF THE STA

[Approved by U.: S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberences is of tungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nuus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles (disease causing (Recommendations on statement of ctc. State cause for death), 29 ds.; For VIO-



V. S. No. 1.

RECORD PERMANENT UNFADING

PHYSICIANS Shoul pe certificate. 0 back Instructions 5 DEATH 90 OF Important. CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or lostitution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Year) (Day Write the word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH une 19/3 (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1230 (1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or Suspected particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 6 1915 (Address) W PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ____ mos. ___ State _____ yrs, ____ mos. _ Where was disease contracted. It not at place of death? Former or usual rosidence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: material worked on may form part of the second additional line is provided for the latter statement; applies to each aud every person, irrespective of age. tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (7)

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ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of childbirth or miscarrlage as "Puerperal septichae affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonities," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "inauitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenla," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred In -Ward) a hospital or institution, give its NAME Instead ot street and numbar.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. ORDIVOROFO
(Write the word) (Month) 1 HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 7 AGE It LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER C 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs... _____ yrs. ____ mos. __ _ ds. Where was disaase contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Jornson Tarkel 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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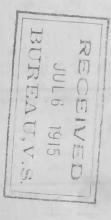
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... If death occurred in a hospital or institution. give its NAME Instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWEO, (Day) (Year) ORDIVORCED (Write the word) hat I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted. BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA 15 20 UNDERTAKER ADDRESS more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('oal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Tuesperal scotichaemus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measics (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. . Narcoma. etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 0

	PLACE OF DEATH 9247	STATE OF MARYLAND
	Matternore &	CERTIFICATE OF DEATH
00		Registration Dist. No. 38
	Mt Washington	alcott av3. It deeth occurred in
VII	lage or City Work	ward) a hospitel or institution, give its NAME instead
	FULL NAME John Davin	Prence of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	MADRIED.	16 DATE OF DEATH MAL 13 1015
	m White (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
	June 13 ,901	1910, 60
7 A	(Month) (Day (Year)	That I last saw h
	1 day,hrs.	and that death occurred on the date stated above, at
8.0	yrs mos ds. OR min. ?	A S
(a	OCCUPATION Trade, profession, or Achan Boc	acute and and theyo
(b)	rticular kind of work.	Carditis-
bus	iness, or establishment in ich employer)	(Duration) yrs. / mos. 4 ds.
9 B	(State or country) Mt Mashington Mad	Contributory Secondary
_	and or to the sound in the	(Ouration) — Lys — mos — ds.
	10 NAME OF SURVEY ON CHANT PRINCE	(Signed) W Junger Jorla M. B.
IS	11 BIRTHPLACE	Ame (3, 1915 (Address) Roland Park Und
M	OF FATHER (State or country) Tous W.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PARENTS	12 MAIDEN NAMES OF MOTHER SOLL THE TOTAL OF	
ш.	13 BIRTHPLACE D	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	(State or country) Dallmon Mix	At place of death yrs. mos. ds. State yrs, mos. ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piece of death?
	(Informant) J. D. Marleson	Former or usual residence
	(Address) Mt Washing to Mil	PLACE OF BURIAL OR REMPUAL DATE OF BURIAL
16	1 - 91 (1)	Melnmount Uneley June 15", 1915.
FII		20 UNDERTAKER ADDRESS
	REGISTRAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	are needed, address state Regist	rat, o E. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, hant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, 'SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



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WRITE

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NARGIN

SICIANS should state statement EXACTLY Exact classifled. U proper AGE supplied. pe may certificate. that 20 30 back terms. pinous CO plain Instructions Informati 2 EATH OF I OF Every Item CAUSE OF Important.

RECORD

PERMANENT

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Il'rite the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day, 3hrs. The CAUSE OF DEATH * was as follows: OR min. ? ... mos......ds. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which amployed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ State _____ yrs. ____ mos. _ Where was disease contracted. If not at placa ot death? Former or usual residence DATE OF BURIAL 15 ADDRE REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, ctc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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injury, as fracture of skull, and consequences (c. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of

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RECEIVED
JUL 3 1915
BUREAU, V.S.

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PHYSICIANS should RECORD PERMANENT classified. 0 properly INK supplied. UNFADING may that 80 10 back plain Instructions = of Inform DEATH See Instru WRITE OF Every Item CAUSE OF Important.

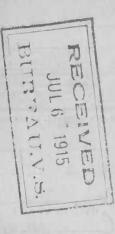
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. a hosbital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Year) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE It LESS than 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE usual residence. DATE OF BURIAL (Address).... 15 20 UNDERTAKEN ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto. Requesting V. S.

[Approved by U. S. Consus and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection uced not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of.... Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," ... (name origin; "Can-"Exhaustion," Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD of information should be carefully MARGIN RESERVED FOR BINDING V. S. No. 1.

County Batto	CERTIFICATE OF DEATH
1.7	Registration Dist. No 3-3
Village or City Pelikellaure	No. / St; Ward) Child of Harry + Tellie Read [If death occur a hospital or institution of street and nu
PERSONAL AND STATISTICAL PAR	TICULARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIE WIDOWE OR DIVO OW Prite the	RCED (Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased
Man.	28 19/5 , 1915 , to
(Menth)	Day) (Year) that I last saw h alive on
⁷ AGE	if LESS than and that death occurred on the date stated above, at
yrs mos. 3	ds. OR MIA.? The CAUSE OF DEATH * was as follows:
8 OCCUPATION	I midnif and I did not Red of
(a) Trade, profession, or particular kind of work.	until after its death, it evidently
business, or establishment in which emplayed (or employer)	duil from inantitorion pre mes
9 BIRTHPLACE (State or country) Patto Co	Md Contributory Secondary
10 NAME OF Harry A	eag (Signed) James Fors
I BIRTHPLACE OF FATHER (State or country)	, 101 (Audigos) K
C 12 MAIDEN NAME	"State the DIBRASE CAUSING DEATH, or, in deaths from VIOL CAUSERS, state (1) MEANS -OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL.
a OF MOTHER Sellie	Dell 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
13 BIRTHPLACE OF MOTHER (State or country) Batto (OR RECENT RESIDENTS) At place In the
(State or country)	of deeth
(Informant) Lashua Z	former or usual residence
(Address) A LEWIS CONT.	on Ma 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S. 11
Filed frue 2, 1945 JAMES	20 UNDERTAKER ADDRESS REGISTRAR HERISTORIA RESELECTION
76	Idress State Registrar, 10. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculossis of lungs, menin-

cause. on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. rent) affection need not be stated unless important. by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain—accident; Revolver Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," nound

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3

JULE 1915
BUREAU, V.S.

9251

1 PLACE OF DEATH

County 1 + 1 more

STATE OF MARYLAND CERTIFICATE OF DEATH

regionation Dist.	110,
St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]

6 DATE OF DEATH	denno	27H	, 1915
	Gime (Month)	(Day	(Year)
17 I HERI	EBY CERTIFY, That	I attended de	eceased from
Bena 25	, 1915 to Jus	re 216'	, 1915
hat I last ssw h.i.m.	alive on Jans	n 26	1915
nd that death occurre	ed on the date state	d above, at	\$ a,m,
he CAUSE OF DEAT			
·····	**************************************		
This	Calit		
	******************************		***********************
	(Durafion)	wee	- 4 de
Secondary	***************************************	***************************************	
	(Duration)	yrs	.mosds.
Signed) Anach	in (Fi Agen	merm	an. M. D.
me 27, 1915	(Address) 1805	- W no	the an
*State the DISEAS CAUSES, state (1) M TAL, SUICIDAL, or He	E CAUSING DEATH, OMEANS OF INJURY; OMICIDAL.	or, in deaths f and (2) whet	rom VIOLENT her ACCIDEN-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

Sfate yrs, ____ mos, ___ ds

TATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrat, 6 E. Franklin St., Vialto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

-mere symptoms or terminal conditions, such as "As thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of



UNFADING INK-THIS IS

PHYSTELANS should state of OCCUPATION Is very

Exact statement

carefully supplied. AGE should be since that it may be properly classified.

-Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate.

15

WRITE PLAINLY, WITH

RECORD

stated EXACTLY.

N. B.

1 PLACE OF DEATH

County Balto

MUNICIPAL TUBERCH

9232



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.:	Wa	ard)	

[if death occurred la a hospital or institution, give its NAME instead of street and number.]

Vit	lage or City	 	(No		PGGS 6 9000GG GB 688 AM NA
	²FU!	LL NAME	e Jan	July	***************************************
	PERSO	NAL AND STATISTIC	CAL PARTICULA	RS	MEDICA
35	SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)			ugle	16 DATE OF DEATH
6 D	ATE OF BIRT	н	(Willow the Wo	iu).	17 I HEREE
		(Month)	(Day_	, 1.880. (Year)	that I last saw h www.
7 A	GE	3.5 yrs	nos,ds,	If LESS than 1 day,hrs. ORmin.?	and that death occurred The CAUSE OF DEATH
(a pa 3 (b) bus	CCUPATION) Trade, profession rticular kind of wi General nature of iness, or establi ich employed (or	ork	lahore	W	Plu
9 B	IRTHPLACE (State or cou	Mul	uland		Contributory Secondary
	10 NAME OF FATHER Galla Piles			(Signed) T. T.	
ARENTS	11 BIRTHPL OF FATH (State o				*State the DISEASE
PAR	12 MAIDEN OF MOT	NAME THER			CAUSES, state (1) ME TAL, SUICIDAL, OF HOM
	13 BIRTHPL OF MOTH (State of		reland		OR RECENT RESIDENTS. At place of death yrs mo
14 T	HE ABOVE IS	TRUE TO THE BEST	OF MY KNOW	EDGE	Where was disease contracted if not at place of death?

	MEDIC	AL CERTIFICATI	E OF DEATH	
16 DATE	OF DEATH	Suns (Month)	25 ⁻	, 1915 (Year)
17		EBY CERTIFY, TH	hat I attended	deceased from
may.	29	, 191.5, to.	mu 2 5	1915
that las	t saw huu	allve oned on the date st	me 2 4	يَن191
				7.70 m
The CAU	SE OF DEAT	H* was as follow	fs:	
	Pli	Unsis	ulmou	ilis
****************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Duration)	2 yrs .	mos ds
Contr Secon		*******************************	@@####################################	· · · · · · · · · · · · · · · · · · ·
(Signed)	Y. Y	(Duration)	oligin	mos. ds
him	3.J, 191.5	(Address) Cut	4 40 10	ospular
CAUSES	te the DISEAS state (1) M	E CAUSING DEATH	, or, in deaths; and (2) whe	from VIOLENT ther ACCIDEN-
OK RE	PENI UFPIRENT	ENCE (FOR HOSPIT		

ACCOUNTED ADDRESS /

REGISTRAR GLAD OF WOLLD //

usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations galufnily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons eugaged in domestic service for wages, as who receive a defiuite salary), may be entered as it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Puenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which sprgical operation was undertaken. mia," "l'uerreral peritonitis," etc. childbirth or miscarriage as "Puerrenal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease eansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as eause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal eouditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for For vio-



	1 PLACE OF DEATH 925	STATE OF MARYLAND
1	ounty Batto	CERTIFICATE OF DEATH
	(ch	Registration Dist. No. 37
V	illage or City Ashland (No. No.	St.; Ward) [If death occurred in
	2 FULL NAME Saroh	a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 CDLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Mont) (Day) , 18 45	that I last saw h alive on allened 191
7	AGE tf LESS than	and that death occurred on the date stated above, at 20 m.
	6 9 yrs 10 mos 14 ds. OR min.?	The CAUSE OF DEATH * was as fellows:
K	OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Jamerse - Vegr & led
	business, or establishment in which employed (or employer)	(Ouration) alberty la los
9	BIRTHPLACE (State or country)	Contributory
-	10 NAME OF	(Duration) yrs mos ds.
	FATHER Micheles R Merramon	(Signed) B. P. Benny MR.
	of FATHER (State or country)	June 2.3. 191.5. (Address) Perkeysrille Md
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At ptace to the of deathyrsmosdstasyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not all place of death?
	(Informant) Joseph Street	Former or assual residence
	(Address) Carteland and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	N A MAG	Jessypo ceine tery June 25, 1015
	Filed Mic 25, 1915 De 12 13ens on 1 MS	C Brooks Sharks Md
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the disease causing death, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton employed, as At school or At home. Care should be mobile factory. is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--('oal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-Ciril

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Pubreberal septichaemia," etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Astbenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heurt disease; Chronic interstitial "Tumor" for malignant peoplasms); Meastes; Whooping ges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection beed not be stated unless important nephrins, etc. (name origin; "Caneer" is less definite; avoid use of " "Old Age," "Shock," "Uracmin," "Weakness," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



90 3 | 3 G 4

S. No. 1.

ż

County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH		
MUNICIPAL TUBERCUL	Desirate Size Size Size 11.1		
Village or City (No	St.; Ward) [if death occurre a hospital or institution in the state of the state o		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male hepro (Write the word)	16 DATE OF DEATH (Month) (Day (Yes		
(Month) (Day (Year)	that I last saw him alive on June 17, 19		
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. 08min.?	and that death occurred on the date stated above, at 4 1/3		
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs 3 mos 2		
9 BIRTHPLACE (State or country) 19 NAME OF	Contributory Secondary (Duration) yrs mos		
FATHER Lea Robinson	(Signed) 7.7. Calleland June 18, 1815 (Address) City & Haypital		
TENTHELACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Acc TAL, SUICIDAL, OF HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) 14	At place In the 7 of death yrs mos ds. State yrs mos		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of death? Former or usual residence 5.19 M. Dallar St.		
(Address)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL M. M. J. J. J. O., 19		
Filed 9, 191 6 Mull Salv	20 UNDERTAKER BUILD ADDRESS ALLE TO AL		

9254

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

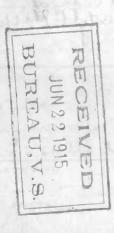
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never returu "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has "Foreman," (3)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only defiuite synonym is "Epidemic cercurospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisueb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreeal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia,""Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," may be stated under (Recommendations on statement of Never report the head



V. S. No. 1.

Filed

carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 2 UNFADING INK-THIS -Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.

1 PLACE OF DEATH	9250		STATE OF MARYLAND
unty Baltimore		(1)	CERTIFICATE OF DEATH
		101.	Pagistration Dist No. 4

PLACE OF DEATH	STATE OF MARYLAND
30 Himme	CERTIFICATE OF DEATH
Gounty Wallimme	Parietrollan Diet N. 43
$n \cap n$	Registration Dist. No.
Village or City Werlea (No. Me	Mea (W) St.; Ward) It death occurred in
1	a hospital or institution,
Mary Hollows	ot sfreef and number.]
FULL NAME / / CANON	VOVCIONV
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED. Macka	(Month) (Day (Year)
emale Mile ORDIVORCED WITH the word	17) I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	June 16, 1915, to June 21, 1910
5 27 1915	
(Month) (Day (Year)	that I last saw here alive on 1910
7 AGE It LESS than	and that death occurred on the date stated above, at 0 m
yrs mos	The CAUSE OF DEATH * was as follows:
BOCCUPATION	- Browths (menusonia
(e) Trade, protession, or	
particular kind of work. (b) General nature of industry,	
business, or establishment in	(Duration)yrsmosds
which employed (or employer)	
BIRTHPLACE (State or country)	Secondary
maryland	(Duraflon) yrs mos ds
10 NAME OF FATHER	(Signed) The May face N. D.
of Harrison	
E BRITHPLACE	Aug 22 1915 (Address) Aug Lills
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
of Mother Cuma Catori	TAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER MARGINETICS 13 BIRTHPLACE OF MOTHER	Af place in the
(State or country) Manylaun	of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not af place of death?
(Interment) Verino p (Idehin	Former or usual residence
Overlea Ind	10
(Address). Order Con JVIII	
16	burannel Denetery June 23, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. As examples: For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitiai nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

					9200		
Co		CE OF DEATH C:	20	ntion Ho r Insane	CERTIFICATE	OF DEATH	
Vii	llage or Cit		(No	Rogers.	Registration B	give its NAME instead of streef and number.	
		ONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH		
	Male Black Single, widowed, Single (Write the word)		16 DATE OF DEATH Stheet Stheet Street (Month) (Day (Year)				
6 D	ATE OF BIR	(Month)		, 1.888 (Year)	May 15th 1915, to Jur		
7 A		27 yn		If LESS than	and that death occurred on the date state. The CAUSE OF DEATH* was as follows.	ted above, at 4 P m,	
) pa (b) bus) General nature siness, or esta	on, or worke of Industry,		eck	Acute Alcoholism (Duration)	99990000000000000000000000000000000000	
	IRTHPLACE (State or co	ountry)	rvland		ContributoHelirium Tremens Secondary		
	10 NAME OF FATHE	or R Unkr			(Signed) Thilis Pearls	lew M.D.	
RENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown 12 Maiden Name OF MOTHER		*State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) Af place in the of death yrs. mos. 21 ds. State The Tomos, ds				
13 BIRTHPLACE OF MOTHER							
(State or country), Unknown 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Mother: - Louise Rogers				Where was disease contracted, If not at place of death? Former or usual residence 720 Ensor Stre			
(Address) 720 Engor Street Filed 6 7 191 5 Miriam Baer				Back	19 PACE OF BURIAD OR REMOVAL SUNLY DEM. 20 UNDERTAKER	DATE OF BURIAL 6/9, 1915 AGORESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persous should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. additional live is provided for the latter statement; cases, especially in iudustrial employments, it is necapplies to each aud every person, irrespective of age. who have no occupation whatever, write Nonc. causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planler, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Oerchrospinal fever* (the only definite synonym is "Epidemic cere-brospinal meumgitis"); *Diphtheria* (avoid use of "Croup";) *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar mneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite): *Tuberculesis* of *tunys, meninges, peritonacum*, etc., *Carcin-*

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL perilonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can ture of the Americau Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



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state 40 should PHYSICIANS show RECORD statement EXACTLY. stated classified. should properly AGE supplied. pe may certificate. carefully of pe back terms, should See instructions on plain of information _ DEATH CAUSE OF Important. ż

1 PLACE OF D

2FULL NAM

PERSONAL AND

4 COLO

Village or City

3 SEX

7 AGE

PARENTS

15

BOCCUPATION (a) Trade, protession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

TRUE TO THE BEST OF MY KNOWLEDGE

REGISTRAR

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in

which employed (or employer) -

Death Description Rodgers Romoser	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RORRACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single March 12, 19,10 (Year) It LESS than 1 day, hrs. S. 3 mos. 7 ds. OR min.?	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 28, 1915, to 29, 1915, that I last saw hamalive on 29, 1912, and that death occurred on the date stated above, at 7, 30 g.m., The CAUSE OF DEATH* was as follows: Punctured According Tractured Currence Coloration of both but for
Paltimore, Ind.	Contributory Shocks Contributory Shocks Contributory Phocks Secondary N. a. Ostendary mos. (Signed) Mharton Weddell-Coron, m. s.

e 27, 1915. (Address) Hallhape

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HE OR RECENT RESIDENTS)	OSPITALS, INSTITUTIONS, TRANSIEN
At place	In the
of death yrs mos ds.	State yrs mos

It not at place of death?

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," thenla," "Auaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Meastes (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

V. S. No. 1.

1 PLACE OF DEATH	City	Detention Hospi	ta:
7-743		/	AND DESCRIPTION OF THE PERSON NAMED IN

		GE OF DEATH			C	STATE OF MA ERTIFICATE O	
	llage or City	LL NAME	(No	or Insa	(%)	Registration Di	Tit dooth coourred in
	PERSO	ONAL AND STATIST	GAL PARTICUL	ARS	ME	DICAL CERTIFICATE	OF DEATH
	Male	*color or mace Black	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	farried	16 DATE OF DEATH	June (Month)	(Day (Year)
6 D		(Month)		/ 845 (Year) If LESS than 1 day, hrs. OR. min.?	May 22nd that I last saw h. 1 and that death occur	m alive on June	e 4th 1915 e 4th 1915 ed above, at 12 m
(a pa (b) bus wh	CCUPATION 1) Trade, profession articular kind of w) General nature (siness or established)	n, or orkof industry, lishment in empioyer)	••••••				yrs
PARENTS	10 NAME OF FATHER 11 BIRTHPL OF FATI (State o	Man Man Unl Ace Her r country) Unl	yland mown mown		(Signed) Phill June 4, 19	Pearlo (Address) at A	yrs mos ds ster N. D techo, Nospation or, in deaths from VIOLEN and (2) whether Acciden
PAF	13 BIRTHPL OF MOT OF MOT (State o	rher Unl	cnown cnown			SIDENCE (FOR HOSPITALS	s, Institutions, Transients
		strue to the Bes riend; Sylv	T OF MY KNOW		Former or usual residence		
16 Fil	(Address)	817 Re	wan	Bar	19 PLACE OF BURI	AL OR REMOVAL	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when uecded. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

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P

9209 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... Ilf death occurred in -Ward) a hospital or institution, RECORD give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH WIDOWED, (Month) (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH 191 to classified. that I last saw h alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. -THIS OR min. ? properly BOCCUPATION AGI UNFADING INK (a) Trade, profession, or particular kind of work. pe (b) General nature of industry, business, or establishment in Man which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER 80 6 back S 11 BIRTHPLACE terms, PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT uo CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS in a 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. mos. DEATH Where was disease contracted. WRITE 14 THE ABOVE IS TRUE KNOWLEDGE if not at place of death?. OF (Informant) Every Item CAUSE OF Important. usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 1 ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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RECEIVED
JUL6 1915
BUREAU, V.S.

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1 PLACE OF DEATH

County Baltimore



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

Bay View Asylum. SPITA Vitlage or City.

St: Ward)

Iff death occurred in a hospital or institution give its NAME Instead

ADDRESS

of street and number.] Carrie Sachs 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. Married 23rd 1915 WIDDWED. Female White ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH June 15th 191 5 to June 23rd 191 5 that I last saw h. er alive on June 23rd 1915 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 4.45A.m. 1 day. hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or Housework particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory SBIRTHPLACE (State or country) Secondary Russia 10 NAME OF FATHER Unknown 11 BIRTHPLACE June 23rd191 5. (Address) CIT ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. _8__ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. (tnformant)usual restaunce 37 S. Front St. 19 LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

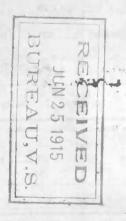
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[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The it should be sused only when needed. As examples: For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first live will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, perilonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic); "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; etc. The contributory oma, Sarcoma, etc., of..... (uame origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis iess definite; avoid use of "Tumor" for malig (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for For vio-



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. RHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	PLACE OF DEATH	9261 STATE OF MARYLAND
Cour	18 allumon (ch)	CERTIFICATE OF DEATH
		Registration Dist. No. 3.7
	The instruction of	md
Villa	ge or City (No. 1,	St.; Ward) [If death occurred in a hospital or institution,
	Walter Course	followed Son Clay give its NAME inslead of street and number.
	² FULL NAME	no q sewy
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Clair White Single Single Single Williams Single Williams OR DIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year)
6 na	TE OF BIRTH	IT I HEREBY CERTIFY, That I attended deceased from
	July 30 .911.	, 191.4, to 191.1,
	Month) (Day) (Year)	that I last saw him alive on Map 25, 1915,
7 AG		and that death occurred on the date stated above, at \$45 m.
	yrs 1 mos 6 ds OR min.?	The CAUSE OF DEATH was as follows:
(a	CCUPATION) Trade, profession, or	
7175 71	ricular kind of work	
bus	siness, or establishment in	(Ouration) yrs. / mos. — ds.
	ich employed (or employer)	Contributory Julanonay Confro how
	(State or country) Lemonium Md	Secondary 6 hours
	10 NAME OF HOLES	1202 121.110 (11
S	Lawrence J ocally	(Signed) (Signed) (M. O.
NTS	of FATHER (State or country) Cachen well me	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
RE	12 MAIOEN NAME AND COMMENTAL COMMENT	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAI	OF MOTHER Margraf H. Byrny	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE AS OF	OR RECENT RESIDENTS)
-	OF MOTHER (State or country) Sallmon Md	of death yrs mos ds. State, yrs mos ds. Where was disease contracted,
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Informant) Marfary Fr Scally	Former or - usual residence
	Lyndmin Ma	19 PLAGE OF BURIAL OR REMOVAL OATE OF BURIAL
-	(Address)	St Joseph Cansatury vas Lune 18 1815
15	June 18 Just Of Brung bromo	20 UNDERTAKER ADDRESS Rulland
FIR	Dehale REGISTRAR	Schoolfert Son over Homent of
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1. Baltussin

[Approved by U. S. Census and American Public Health Association.]

write None. or given up on account of the disease causing death, wife, Housewark, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook who receive a definite salary), may be entered as Hausethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomolive engineer, Civil If retired from (b) Autaof age.

fever (the only definite synonym is "Epidemie eerebrounqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphlheria (avoid use of "Croup"); term for the same disease. CAUSING DEATH (the primary affection with respect to Typhoid fever (never Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted Bronchopneumonia report "Typhoid pncumonia"); Examples: ("Pneumonia, Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head—homicide; Poisoned by carbolic acid—probably Struck by railway SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Publiperal septichaemia," "Publiperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "H-emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important cough; Chronie vulvular heart disease; Chronie interstitiat ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" chapneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephriles, etc. "Tumor" for malignant neophisms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurtroin-accident; Revolver wound of Never report mere "Exhaustion," ACCIDENTAL,

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Mt Municis (No Man)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 2 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDDWED, OROVORGED (Write the word) 18 C 3 (Month) (Day) (Year)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 that I last saw h
AGE 1 LESS than 1 day,hrs. ORmin.? 3 OCCUPATION (a) Trade, profession, or Securio Cress (b) General nature of Industry,	and that death occurred on the date stated above, at 8:30 Pm, The CAUSE OF DEATH* was as follows: Company of the company of t
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF	(Duration) yrs mos ds. Contributory (Secondary) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Miles Miles Caracter (3 Miles) M. D. (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds. Where was disease contracted, if not at place of death?
(Address Suglists County Estate) 6 Filed from 20, 191 3 7 Mill.	Former or usual residence
REGISTRAR If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative ...ealthful (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," ample: Mcasics (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal scptichar-"Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of __ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for "Exhaustion," Never report Examples: d8.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL 6 1915
BUREAU, V.S.

S. No. 1.

PERMANENT UNFADING

TO 50 certificate. 0 See instructions = 0 PO mportant. CAUSE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. fit death occurred is a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 to ... allve on______, 191____ (Month) (Day TAGE It LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address). OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ State _____ yrs, _ Where was disease contracted. 14 THE ABOVE IS MY KNOWLEDGE it not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 15 UNDERTAK ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," ratvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, cte., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," cause for For Vio-



V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No. 30
Vil	12 PULL NAME Katherine V Joh	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex Color or race 5 single, MARRIED, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Month Dyy (Year)
= #	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Ouy 17, 1910. (Month) (Ilay (Year)	that last saw held alive on June 29, 1915.
7 A		and that death occurred on the date stated above, at 11450m.
	2/ yrs 1/ mos 17 ds 0R min ?	The CAUSE OF DEATH* was as follows:
(8	OCCUPATION) Trade, protession, or riticular kind of work.	Julieroular meningetis
) (b)	General nature of Industry,	
	iness, or establishment to	(Duration) yrs. mos. 2 ds.
	IRTHPLACE (State or country)	Contributory Courulses
	10 NAME OF FATHER audiew Schale	(Signed) Marshall B lorst , M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAREN	of MOTHER margaret Sterrift	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Just.	Af place In the ot death yrs mos ds. State yrs mos ds
	(Interment) Quediene Schalt	Where was disease contracted, If not at place of death? Former or usual residence
16	(Address). Catourrle Mol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Web Cathedial July 2, 1915
FI	led July 1, 1915 - Marshall B Wish REGISTRAR	20 UNDERTAKER Sons Ellicott by
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.-

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of



V. S. No. 1.

RECORD PERMANENT 4 INK UNFADING P WRITE

U pinous UPATION YSICIANS classified. TO properly supplied. be may certificate. 0 terms, on back should 0 ATH in plain instructions EAT See Q OF Every Item CAUSE OF important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in St:---Ward) a hospital or Institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED (Month) (Day (Year) ORDIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at // 1 dayhrs. The CAUSE OF DEATH * was as follows: YES. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Buration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 . (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death yrs. mos. State _____ yrs. ___ mos. ___ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death?. Former or (Informatt) usualaresidence ATE OF BURNAL 15 . 191 ADDITES If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, ctc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carcin-

sepsis, telunus) may be stated under the head such, if impossible to determine definitely. Examples:

Accidental drowning; ruck by railway train—acci-LENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "l'uerrerat peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaectc., when a definite disease can be ascertained as the "Heart failure," "Jaemorrhage," "Inanition," "Maras-nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (mercly symptomatic), "Atrophy," nuere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. cause. Always qualify all diseases resulting from affection need not be stated unless important. Exdent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent)



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very te.

RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

DEATH in plain terms, so that it man See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms, s

N.B.

Important.

V. S. No. 1.

1 PLACE OF DEATH

9266

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[If death occurred in a hospital or institution, give its NAME Instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	н
3 SEX Mai	4 COLOR OR RACE MARRIED, Rugi MEDIUTE ORDINATED (Write the word)	16 DATE OF DEATH (Month) (Day 17 I HEREBY CERTIFY, That I attended	
6 DATE	OF BIRTH Supt. 30 , 1899	, 191, to	191
7 AGE	(Month) (Day (Year) If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, and the CAUSE OF DEATH* was as follows:	3.30 Pm
(a) Trai	JPATION de, profession, or lar kind of work meral nature of industry.	accidental Brown	ng
business	s, or establishment in mployed (or employer)	(Ouration)yrs	ds.
(St	NAME OF FATHER Harry Schoefield BIRTHPLACE OF FATHER BIRTHPLACE OF FATHER	(Signed) Amus of Duration) yrs (Signed) Amus of Duration yrs (Address) Liveste	mos ds
PA _	(State or country) Dallo ma CMAIDEN NAME OF MOTHER Mina Robinson	*State the DISEASE CAUSINO DEATH, OR, in deat CAUSES, state (1) MEANS OF INJURY; and (2) of TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITU- OR RECENT RESIDENTS)	whether Acciden-
14 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE THAN!	At place In the	ds
16 Filed	(Address) 1914 Rid Selley street	Jonden Tark Jank	OF BURIAL 1915 ESS / 000.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care material worked on may form part of the second additional live is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (mercly symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of



S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

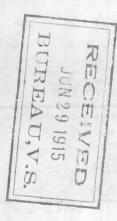
	9267
PLACE OF PEATH	STATE OF MARYLAND
County DALTO -	CERTIFICATE OF DEATH
MUNICIPAL TUBERGUE	NIS HOSP. Registration Dist. No.
Village or City Dullunare (No	St.; Ward) [if death occurred le
FULL NAME I WEING Scatt	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, CLIP	18 DATE OF DEATH June 26 1915
heale hegro. Widowed, on Divarged (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
, 1876	that I last saw has alive on June 26 1915
(Month) (Day (Year)	and that death occurred on the date stated above, at 5 A m.
36 t day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION (/ OR MIN. ?	DAIS DA
(a) Trade, protession, or Seul Valorer.	allusio Mondio.
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) / yrs. 2 mos ds.
9 BIRTHPLACE (State or country) Va	Contributory Suppresselve extentis.
10 NAME OF THE STATE OF THE STA	(Ouration) yrs mos ds.
reary react	(Signed) T. T. CALLACIA , M. D.
of FATHER (State or country)	*State the DISEASE CAUSING DEATH OF in deaths from VIOLENIE
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Varuh 9 Plane water	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Intermant)	Former or usual residence wo 17 Smith Court
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 / / A	Johns Hopkens 6/28 1915
Filed 6/28, 1915 / Jrian Baer	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
The state of the s	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thns: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid memonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal perilonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Conventsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-"Seuile," etc.), "Dropsy," may be stated nuder the head (Recommendations on statement of "Exhaustion," For vio-



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.

1 PLACE OF DEATH County

9268

Warme

STATE OF MARYLAND CERTIFICATE OF DEATH

(C	Registration	Dist.	No. 35
	100		Fif death occur

red in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, They attended deceased from
6 DATE OF BIRTH	Jummes 1 1913, to June 7 , 1915.
(Month) (Day (Year)	that I last saw had alive on January 74, 1915.
7 AGE If LESS than	and that death occurred on the date stated above, at 12 7
65 yrs 5 mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or particular kind of work	Common of Oresand
(b) General nature of industry, business, or establishment in Acros 0.	7/
which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Md -	Secondary Secondary
10 NAME OF P.W. Whitridal	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
a cleu more	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Miscolonivan	Former or
(tipesaile M)	19 PLACE OF BURIAL OR REMOVAN DATE OF BURIAL
(Address)	(70091.00. Il Jonneg 5
(18 THE (na)	20 DADERTAKER ADDRESS
Filed 191 PEGISTRAR	Whiche Now Worth to
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an who have no occupation whatever, write None. ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never returu "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can he ascertained as the genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECCIVED
JUL3 1915
BUREAU,V.S.

ri.
No.
vi.
ř

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDDWED, ORDIVDRCED ORDIVDRCED ORDIVDRCED (Write the word) 6 DATE OF BIRTH (Month) 17 I HEREBY CERTIFY 1915, to that I last asw h. S. alive on	nth) (De
MARRIED, Jugle Widdle (Mon ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (M	
6 DATE OF BIRTH (Month) Pay (Year) that I leat aaw h & allve on	
	1
The CAUSE OF DEATH * was as for the course of the date	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) What was fall to the country of the	ation)yrs
10 NAME OF FATHER Edward W Sever (Signed)	ration yrs
State or country) Balting (State the Disease Causino Di	EATH, or, in de JURY; and (2)
13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country) 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 10 BIRTHPLACE OF MOTHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country)	
Where was disease contracted, if not at place of death? (Informant) Contract of the Best of My Knowledge (Informant) Contract of My Know	·••••••••••••••••••••••••••••••••

1 PLACE OF DEATH

STATE	OF	MAF	RYLA	ND
CERTIFIC	AT	E O	F DE	EATH

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

......St.;.....Ward)

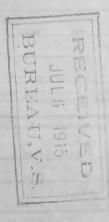
16 DATE OF DEATH	,	1.0	
	<u> </u>	(Day	, 1915
17 HEREBY	(Month)		(Year)
1	A CONTRACTOR		
June 12 , 19	915 to fle		1917
that I leat saw h 500 all	lve on Incu	1/2	, 191.5.
and that death occurred o	,	d abassa at	
		above, at	, m
The CAUSE OF DEATH*	was as follows:		
	***********************************	*************	
······	,,		
land 1	teart-	cyano	10
	(Ouration)	-	3 hours
**************************************	(טטופווטוו)		mus
Contributory Secondary			
Necondary.	(manually)		
			.mosds.
(Signed)	4017	TLL	, M. D.
Acres 121915 (Address hiv	Zuzz	
//			
*State the DISEASE C CAUSES, state (1) MEATAL, SUICIDAL, or HOMIC	AUSINO DEATH, OR NS OF INJURY; a	r, in deaths i .nd (2) whet	from VIOLENT
TAL, SUICIDAL, or HOMIC	CIDAL.		
OR RECENT RESIDENTS)	CE FOR HOSPITALS	, INSTITUTION	, TRANSIENTS,
At place	In the		
ot death yrs mos.	ds. State .	yrs.,	mos ds
Where was disease contracted,			
If not at place of death?	*************************	***************************************	*************
Former or usual residence		, ,	
		! - A	***************************************
19 PLACE OF BURIAL OF	REMOVAL	DATE OF	2 ~
Pallin	rose &	french	10, 191.5
20 UNDERTAKER	7	DDRESS	
W= 1 72	long 141.	13.0	in - 11.0
1 . 1/1//			

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: causing dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau," (4)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," valenlar heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Juanition," "Maras The contributory Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.: (secondary or intercurrent) State cause for For vio-



No. 702

stated classified. 4 should INK-THIS properly AGE supplied. pe UNFADING may carefully that It PLAINLY, WITH should be plain terms, Item of Information DEATH IN WRITE

1 PLACE OF DEATH

PERSONAL AND STATISTICAL

4 COLOR OR RACE

(Month)

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Jewell	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 (HEREBY CERTIFY, That I attended deceased from 24, 1914, to 1915.
(Day (Year) It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
nd.	Contributory Secondary
ven.	(Signed) 7. A Callahan M. D. (Signed) 3, 191 5. (Address) City of by Artal *State the DISEASE CAUSING DEATH OF, In deaths from VIOLENT
	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place At place In the State (1) MEANS OF INJURY; and (2) Whether Accident In the State (2) Whether Accident In the State (3) Whether Accident In the State (3) Whether Accident In the State (4) Whether Accident In the State (4) Whether Accident In the State (5) Whether Accident In the State (6) Whether Accident In the State (7) Whether Accident In the State (8) Whether Accident In the State (1)
OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence. 2819 Frishy & 5. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Ham Balt	20 UNDERTAKER W m lo walk 512 3 m. The

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OCCUPATION IS Very PHYSICIANS RECORD 0 Exact statement PERMANENT EXACTLY. See instructions on back of certificate. Every Item CAUSE OF Important. S m z

state

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3 SEX

7 AGE

PARENTS

15

6 DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work

(b) General nature of industry,

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE

(Intormant)

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country)

(Address).----

THE ABOVE IS TRUE TO THE BEST OF

which employed (or employer) -----

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statemeut. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: the nature of the business or ludnstry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defiuite syuonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacmus," "Old Agc," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerenal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failnre," "Haemorrhage," "Inanitiou," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (uame origiu; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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Very S OCCUPATION ō statement classified. properly pe may 20 to terms. plain Instructions ٦ DEATH OF

certificate.

back

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No [If death occorred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE 16 DATE OF DEATH 4 COLOR OR RACE MARRIER 7 Minis WIDOWED. (Month) (Year) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw held ... alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191.5. (Address) ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State yrs. _____ yrs. ____ mos. ____ Where was disease contracted. If not at place of death?usual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER KD PRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can sepsis, telanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) State cause for



state

Jounty Bultum	CERTIFICATE OF DEATH
Village or City Spring Point (No. 705,	give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frinch While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased for
(Monda) (Day) (Year)	that I last saw h 1 allve on Jun 30 191
yrs mos, 2 ds. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* Was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Balking	Contributory 2x lunce (Secondary)
OF TATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the ot death
(Informant) (Informant)	It not at place of death? Former or usual residence
THIS C. MINIS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

9271

STATE OF MARYLAND

CERTIFICATE OF DEATH

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

V. S. No. 1.

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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PI should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact soccupATION is very important. See instructions on back of certificate.
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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PI should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact soccupation is very important. See instructions on back of certificate.

County	vBal	timore	9272	(Ja)	COPITAL.	STATE OF MA CERTIFICATE O Registration Di	
Village	e or City	Bey View Asylum	Mary	CITY Siemien	ska	St.;Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSO	NAL AND STATIS	TICAL PARTICU	LARS	ME	DICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCEO OR DIVORCEO (Write the word)			16 DATE OF DEAT	June (Month)	27th , 191 5 (Day) (Year)		
6 OAT	E OF BIRT	H (Mor	•	, 1.825.?. (Year)	June 26th	BY CERTIFY, That I at, 191.5, toJu	ne 27th , 1915
7 AGE	7 AGE 1				occurred on the date st DEATH * was as follow		
(a) parti (b) busin	General natur	t workre of Industry				rdial Insuffi	nour
	State or cour				Contributory Secondary	(Duration)	yrs. mas di
Jan Simienska In Simienska			(Signed)	Il Chucky,	Zs, m. c		
			*State the	191. 5 (Address) OFTY. DISEASE CAUSING DEATH, or 1) MEANS OF INJURY; and	in deaths from VIOLENT		
PA				16 LENGTH OF RES	SIDENCE (FOR HOSPITALS, IDENTS) In the mos. 1 ds. State	INSTITUTIONS, TRANSIENTS	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		Where was disease contracted, if not at place of death? Former or usual residence Briney St., 1103.					
(Address)				ry Cemetery	June 29 , 1915		
15		1	1	10	20 UNGERTAKER		ADORESS

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer Housemaid, ctc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, Stotionary freman, etc. But in many cases, The material worked on may form part Architect, Never return "Laborer," Locomolive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonio, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by mus," Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent bearns "PUERPERAL peritonitis," etc. State cause for which to determine definitely. Examples: Accidental drowning, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," спорнешнота Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitiol rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of or miscarriage as "Puerperal septichumia, "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from child-(secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Dropsy," carbolic acid-probably "Exhaustion,"



PLACE OF DEATH	STATE OF MARYLAND
County Balts.	CERTIFICATE OF DEATH
County	Registered No. 3.7
Village or City / Ext as (No.	St.; Ward) [If desth occurred in a hospital or institution, give lifs NAME instead
FULL NAME Waisy Etn.	e Sunson of streef and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That, I attended deceased from
(Month) (Day) (Year)	that I last saw here allys on Jame 27, 1915.
7 AGE If LESS than 1 dey,hrs. ORmin.?	and that desth occurred on the date stated above, at
* OCCUPATION (a) Trade, profession, or perficular kind of work	Larrons & famuer was coraus.
U(b) General nature of industry, business, or establishment to which employed (or employer)	Contributory Unflammatory Rhematism
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	(Signed) Arthur 6, Europe M. D.
FATHER Harry & Sunfam. 11 BIRTHPLACE OF FATHER (State or country) M O O O O O O O O O O O O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER Smue May Infield	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place to the of death yrs, mos, ds. Stafe yrs, mos, ds. Where was disease confracted,
(Informant) Harry & Sumpson	If not at place of death? Former or -
16 Filed Jane 20, 1915 Polyburne Johns	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WEST Liberty Cerutry ADDRESS 20 UNDERTAKER ADDRESS
Deputy/ REGISTRAR	r, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the affection need not be stated unless important. sepsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. uant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL6 1915
BUREAU,V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF STATH	STATE OF MARYLAND
County Baltimie (1)	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No. 392	6 Carlen (St.; Ward) [If death occurred in a hospital or institution,
1 2	give its NAME instead of street and number.]
FULL NAME ONUS	yungan
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marke Single, Married, Married, Married, ORDIVORCEO ORDIVORCEO (Write the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	May 31 1915, to feel 22", 1915,
(Month) (Day (Year)	that I last saw h. um alive on
⁷ AGE If LESS than	and that death occurred on the date stated above, at
7 2 yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	01. 42
5 particular kind of work	Morne Cophelis
(b) General nature of industry, business, or establishment in fresh lase to older	
which employed (or employer)	(Duration) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country)	Secondary
- // 100	(Dyration) yrs mos ds.
10 NAME OF FATHER	(Signed) C/ Othey , M. D.
of 11 answers	finel 23, 191 S. (Address) 100 J Pollers on Picon
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER	
LI 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER	16 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTE
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the -
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(informant) Mis Sunffer	Former or
3916866	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) De Re 6 Vocas Me.	7 1 0 1 0 24 -
16 Que 23 AMO 9/12 Parale	JOUNDERTAKER ADDRESS
Filed 1942 The Cultury	11/1/19
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatemeut. additional live is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necmaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupatious a single word or term on the If retired from business, that fact may be indivarious pursuits can be known. The question Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tctanus) may be stated under the head ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cangenital," "Senile," etc.), Bronchopncumonia The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary), 10 ds. "Couvulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report For vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

carefully supplied.

CAUSE OF DEATH in piain terms, so that it may important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, s

B.

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ied. AGE should be stated EXACILY. PHYNCIANS should state be properly classified. Exact statement of OCCUPATION is very

RECORD

A PERMANENT

No. 1. 00

1 PLACE OF DEATH

county Baltimore



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Viilage or	city West Bo	eltimore (No	The.	bedan
			_	

St.;---Ward)

[It death occurred in a hospital or institution, give its NAME Instead ot street and number.]

FULL NAME Cornelia R. Smith

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Widowed, Wi/druet Shuale White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
O DATE OF BIRTH The state of Birth (Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than 1 dey, hrs. OR min. ?	and that death occurred on the date stated above, at 1/50 m. The CAUSA OF DEATH* was as: follows: Assula.
(a) Trade, profession, or particular kind of work (b) General neture of Industry, business, or establishment in	Throng godie 30
which employed (or employer) **BIRTHPLACE** (State or country) **TA** **TA*	Contributory Relesend Lo Jema Secondary (Duration) yrs mos ds.
OF FATHER Chan Pitter house 11 BIRTHPLACE OF FATHER (State or country)	(Signey) Johny leench 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds Where was disease contracted, it not at place of death? former or
(Address) Mt Vanam Md.	19 PLACE OF BUTTLE OR REMOVAL DATE OF BURIAL Senden JUNK June 0. 1915
Filed The Table 1915 REGISTRAR If more blanks are needed, address State Regis	6.M. Mitchell + Co. 101 U. Fayette Str. trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Nevcr return "Laborer," "Foreman,"

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valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head IENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



S. No. 1.

	1 PLACE	OF	DEAT	TH
ount	y B ₂₁	tin	ore	••••



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

Village	OF	City	Bay	View	Asyl	ım

HOSPITAL.

St.; Ward)

[If death occurred la a hospital or Institution, give Its NAME Instead of street and number.]

Fred. A. Smith FULL NAME.....

	PERS	ONAL AND STATISTI	CAL PARTICUL	ARS	MEDICAL CERTIFICATI	E OF DEATH
3 5 6	x Mal e	4 COLOR OR RACE White	5 SINGLE, S MARRIED, WIDOWED, ORDIVORCED (Write the W	ingle	(Month)	Day (Year)
6 D#	ATE OF BIRT	(Month)	(Day	, /890	June 1st 1915, to June 1 that I last saw h im alive on June	une 23rd . 1915.
7 A C	à E	05	mosds.	If LESS than 1 day,hrs.	and that death occurred on the date sta	
(a) par (b) busi	CCUPATION Trada, professio Ticular kind of y General nature iness, or estat ch employed (or	vork	lesman		Pulmonary	Tuber enlosis unknown 15 mos 18
9 BI	RTHPLACE (State or col	untry) Mary	land		Contributory Secondary (Signed) (Signed)	yrs mos So ds.
ARENTS	11 BIRTHPI OF FAT (State of	or country)	glandt		*State the Disease Causing Death Causes, state (1) Means of Injury Tal, Suicidal, or Homicidal.	on in deaths from Well-
PA	13 BIRTHPI OF MOT (State of	Marg	aret B et ryland	zol	18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS) At place In the of death yrs mos. 22 ds. Str	
	HE ABOVE I	S TRUE TO THE BES	T OF MY KNOW	LEDGE	Where was disease contracted, If not at place of death? Former or usual residence	
15	(Address)				Holy Redeemer	6/26/ 191 5
File	ed 6/24/		riam	Ball REGISTRAR	20 UNDERTAKER Peter Nicholaus	ADDRESS 2046 Eastern
14 T	(State of the Above I	S TRUE TO THE BES	ryland TOF MY KNOW	Baer	At place of the state of death state	DATE OF BURIAN 6/26/ ADDRESS 2046 Baste

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichac cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Ilacmorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Mcasics (disease causing death), 29 ds.; (Recommendations on statement of etc. State cause for



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state Yery should OCCUPATION PHYSICIANS AGE carefully that 80 terms, should in plain information of Inform DEATH

RECORD PERMANENT THIS UNFADING certificate 50 PLAINLY, WITH back 50 See Instructions Every Item important.

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	n	"
	1	500

Mossesta

STATE OF MARYLAND CERTIFICATE OF DEATH

170	? iati	ation	DIST.	. 140

St .: .Ward)

Ilf death occurred in a hospital or institution,

2	FULL NAME M	ies 4	ertrude	dristtle of street and number.]
PE	ERSONAL AND STATISTIC	AL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
Female 6 DATE OF E		5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the wo	ord) Single , 1899	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 18 1915 that I last saw hard allve on 1915
(a) Trade, prof particular kind (b) General na business, or	fession, or	nos 21 ds.	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 8 a.m. The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: (Ouration) yrs. 3 mos. ds.
BIRTHPLA				Secondary Peretten

10 NAME OF FATHER 11 BIRTHPLACE OF FATHER

12 MAIDEN NAME OF MOTHER

(State or country)

ARENTS

13 BIRTHPLACE OF MOTHER (State or country)

1 PLACE OF DEATH

County.

KNOWLEDGE

15 REGISTRAR

TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

(Duration)

of death yrs. mos. / A ds. State yrs. ____ mos. __ Where wes disease contracted.

it not at place of death? usual residence.

20 UNDERTAKER

If more blanks are needed, address State Registry, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneugonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH

Coun	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Coun		Registration Dist. No. 30
Villa	ge or City lealouselle No. Office B. L.	Granding (if death occurred a hospital or institution give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yes
6 DA	LE OF BIRTH	HEREBY CERTIFY, That lattended deceased from 1912 7, to fine 31, 191
7 AG	(Month) (Day) (Year)	that I last saw h alive on the date stated above, at 2.3
	58 yrs lead mos lug (ds. or min.?	The CAUSE OF DEATH # was as follows:
Toar (b	CCUPATION 1) Trade, profession, or Perbruel-Accorder ricular kind of work 1) General nature of industry siness, or establishment in sines emplayed (or emplayer)	Lewest Pereser (Durstlon) Byrs mos
par (b bus whi	1) Trade, profession, or leabruel— Alaber ricular kind of work 1) General nature of industry	Contributory
(a par par par par par par par par par pa	a) Trade, profession, or ritcular kind of work)) General nature of industry siness, or establishment in hich employed (or employer)	Contributory
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[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servent, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery: (a) Forenum, (b) Automobile factory. The material worked on may form part especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-



on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal septicharmia," cough; Chronic valvular heort disease; Chronic interstitial genital," lapse," "Coma," "An usmia" (merely symptomatic) "Attach." "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. ges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of..... rent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Exhaustion," ACCIDENTAL, unportant.

If this cerulicate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

	2 F	ULL NAME	John S	pence	
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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.41

A 9379

If death occurred in a hospital or institution. give its NAME instead of street and number.

MEDICAL CERTIFICATE OF DEATH ATE OF GEATH (Month) I HEREBY CERTIFY, That I attended deceased from ne 3rd 1915 to June 5th 1915. t I last saw him ... alive on June 5th 1915, that death occurred on the date stated above, at 2.10AM Tital & artic desufferency ne 5th, 131... 5 (Address) G. I.Y. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT LAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State,yrs.mos. a was disease contracted. it at place of death? 10 19 Orelans St.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question is provided for the latter statement; it should be used engineer, first line will be sufficient, c. g., Farmer or Planter, Physition is very important, so that the relative healthfulbusiness or industry, and therefore an additional line Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever Stationary fireman, etc. But in many cases, Locomotive engineer, (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as prabably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerpenal septichemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valuular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Struck by railway train-accident; Revalver wound to determine definitely. Examples: Accidental drawning, "Puenperal peritonitis," etc. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intereur-"Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds. Bron-The nature of the injury, as fracture of skull, State cause for which



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCDRATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1	PLACE	EOF	DEATI	1	
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No....

Village or City Curinge	mills (No Rosen	god State Training	Schoolst Ward)
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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	2FULL NAME / POLLON S IN	erc
. 7-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	ale Afrile Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	HEREBY CERTIFY, That Vattended deceased from
7 A	(Month) (Day (Year)	and that death occurred on the date stated above, at 15 M m. The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or ricular kind of work Deneral nature of industry,	Status Gulepticus
Whi	iness, or establishment in	Contributory In be celity and Excepty Secondary
	10 NAME OF FATHER	(Signed) Denneth B. Joulas , M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAILEMANE	State the DISEASE CAUSENG DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
d	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place of death / O yrs. 3 mos. 4 ds. State yrs. mos. de
	(Interment) Truck W. Warry	Where was disease contracted, the fire or or of the former or St. Vincenta male Orphan Asylum usuai residence Baltimore Md.
15	(Address) Curings miles, my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ROS CULVOS 1915
Fil	10 homes 1915 of mestady	20 UNDERTAKER C ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, & Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, cte. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligscpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of death), 29 ds.;



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Q	m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should DF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is. See instructions on back of certificate.
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ITE PL	of Inform DEATH
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1 PLACE OF DEATH Viilage or City FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORGED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day,....hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work h(b) General nature of industry, Dusiness, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF RATHER (State or country PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE Every Item Important. 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

St.;—Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH June 2	2 , 1915 (Day (Year)
17 I HEREBY CERTIFY, That I s	ttended deceased from
and that death occurred on the date stated at the CAUSE OF DEATH* was as Miows:	0
Contributors Atino Schooses	JES MOS MOS OS.
Secondary Cles en (Duration) (Signed) (Signed) (Address) (Address)	yrs mos ds.
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	n deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place in the	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marascer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



should is OCCUPATION PHYSICIANS RECORD PERMANENT properly supplied. UNFADING 0 back plain Instructions 2 DEATH 0 OF Important. Every It

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in a hospital or institution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 - to that I last saw hack (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The GAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which amployed (or amployer) Contributory. 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease contracted. If not at place of death? usual residence..... 19 PLACE OF BURIAL OR 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise-statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, totanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



PSICIANS should RECORD EXACTLY. PERMANENT classified. should property AGI INK supplied. pe UNFADING may certificate. that 80 of back terms, pinous piain instructions Information = DEATH of Every Item CAUSE OF OF important. m

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STATE OF MARYLAND 'PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 30 fit death occurred inWard) a hospital or Institution, give its NAME instead of street and oumber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Day) (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw h......alive on, 191..... (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs OR min. ? BOCCUPATION (a) Trade, protession, er particular kind at work (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER .5. (Address). 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death _____ yrs. ___ mos. ___ State yrs, mos, ds. Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

...., 191...

[Approved by U. 8. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the return "Laborer,"

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Purpreral septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of ture of the American Medicai Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ter" is icss definite; avoid use of "Tumor" for malig "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can "Exhaustion," Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of GCCUPATION is very important. See instructions on back of certificate.

VIIIage or Citylerings Mills (No. Transing School St.: Ward) VIIIage or Citylerings Mills (No. Transing School St.: Ward) PERSONAL AND STATISTICAL PARTICULARS JEX PERSONAL AND STATISTICAL PARTICULARS JEX ACOLOR OR RACE MARKETS MARKETS MARKETS DATE OF BIRTH Aug. 2 If LESS (BBB If LESS (BBB If State or country) MONTHS PRINCIPLE (State or country) MONTHS If BIRTHPHACE (State or country) MONTHS			Anna
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			rar, G.E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Hyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

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PLACE OF DEATH	9285 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
D +	Registration Dist. No. 38
Village or City ULY LOW (No.	St; Ward) [If death eccerred in a hospital or institution.
2 FULL NAME Douglas H.	Thomas, J. give its NAME instead of street and number.]
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5 SINGLE, MARRIED, WIDOWED WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
March 5 1872 (Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 3 m.
43 yrs 3 mes 6 ds 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or	Causing fracture of the skull
1 gentleular kind of work	& hemographage into the brain
business, or establishment in which employed (or employer)	(Ouretion) yre. mos. ds.
9 BIRTHPLACE (State or country) Baltimore, Md.	Secondary (Burstion). yrs mos ds.
10 NAME OF Longlas W. Thomas	(Signad) Claud France, M. O.
11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.	*State the DISFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
- White were white	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Baltimore, Ma.	At place In the ef death yrs. mes. ds. State, yrs. mos. ds. Where was disease contracted, a
(Informant) Um M. Dalriey	if not st place of death?
(Address) Ruxton, Md. J	Is place of Burial or REMOVAL PATE OF BURIAL STREET
Filed June 11, 1915 M. & Porter	20 UNDERTAKER
If more blanks are needed, address State Registrar, I	W. W. Saratoga St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health - Association.]

or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Solesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stotionory firemon, etc. write None who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm loborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-



on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ursemia," "Weakness, cough; Chronic valvular heart disease; Chronic interstitiol ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage, as "PUERPERAL septichuemia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere "Atrophy," mound



No. 1.

N. S

PERMANENT RECORD UNFADING INK-THIS IS

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. carefully supplied. AGE should be sit that it may be properly classified. AGE DEATH in plain terms, so that it meses instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH

y2 0 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.....30

1		11081011	
Arubis	ane	St.;	Ward)
Thou	nas		

Ilf death occurred in a hospital or institution, give Its NAME Instead of street and number.]

ULL	NAME	

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale Color or RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	Month) (Day (Year)
8 DATE OF BIRTH (Month) (Day (Year)	that I last saw h selwe out 191
TAGE Stellbaurs on the state of	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Stell barn,
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Balto Ceg. Wid	Secondary (Ugration)yrs
11 BIRTHPLACE 12 PARIS	(Signed) Du Stuff M. D. Lune 2 (1914 (Address) Colour welle lud
OF FATHER (State or country) Balls Waller NAME OF MOTHER (*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Chee Secords 13 BIRTHPLACE OF MOTHER (State or country) Ballo ud.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Walter Liouna	Where was disease contracted, If not at place of death? Former or usual residence.
(Address). Ceatauswille and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jenne 2, 1915 Marshall Burst REGISTRAR	20 UNDERTAKER CALOUME PLL
If more blanks are needed, address State Regis	trar, 6 E. Franklin S., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection used not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopucumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," (Recommendations on statement of "PUERPERAL septichae-"Exhaustion,"



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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLAGE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
1 1 + ->	Registration Dist. No. 96
Village or Gity Monketon (No Ind.	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Trangarch Clini	abeth Typiton of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED ORDIVERCED Write the woodstalow	16 DATE OF DEATH June 30 ,1915 (Month) (Day (Year)
6 DATE OF BIRTH	7 I HERESY CERTIFY, That I attended deceased from
upril 79, 1837	that I last saw h & alive on the same & 0 1910.
7 AGE (Year)	and that death occurred on the date stated above, at 4.41 P.m.
7 4/ 5 1 day,hrs.	The CAUSE OF DEATH* was a follows:
BOCCUPATION OR MIN. ?	Millas & Cegrugulahon
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Baltimore Co.	Contributory Secondary (Doration) yrs mos ds.
10 NAME OF Blyamin Booley.	(Signed) - Cars Payme, M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Q 12 MAIDEN NAME Davia Elliott	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Ballimore Co.	Af place in the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not af place of death?
(informant) Mustage	Former or usual residence
(Address). White Itall, had.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 - 571-16 1 11	Wesley Chapel July 3 , 1915
Filed 1910 REGISTRAR	D Mardoline Star (Address
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers cated this: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Гогепап,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, perilonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," childbirth or misearrlage as "Puerperal septichace cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated nuder the head of (Recommendations on statement of ete. State cause for For Vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHTSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Balls



9288

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Sutto Hed Busyveurasylum St; Ward)

[It death occurred in a hospital or institution, give its NAME lostead of street and number.]

FULL NAME Marris Goba	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Use Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH June 2, 1910 Month) (Day (Year)	
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from 1915, to June 2, 1910,	
(Month) (Day (Year)	that I last saw huu alive on Hulf 1915	
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at 62.0 p.m. The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or Quis with	Phthierio Delimalis	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Huffurnown vs.	
State or country) Wassuduretts.	Contributory Secondary	
10 NAME OF John John	(Signed) 7 7 Callahoan M. D.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIN AME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER AND A	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, 5 mos, 16 ds. State yrs, mos, ds Where was disease contracted, If not at place of death?	
(intormant)	Former or usual résidence	
(Address)	Date of Burial de Removas Date of Burial	
Filed 6 3 ,191 5 MALAN BALV	PUNDERTAKER TO HOW IN UNIVERSE HOYAL	
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: causing nearif, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Taberoulesis of lungs, meninges, peritonacum, etc., Carcin-

.cause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of (Recommendations on statement of



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should CCUPATION PHYSICIANS RECORD 6 PERMANENT classified. properly c ы O INK supplied UNFADING may certificate. 50 WITH back terms, pinous 0 ATH in piain Information DEATH See 50 0 Important. Every

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in Village or City St .: .Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED. WICOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day, hrs. OR min. ? mos BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEAT OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted THE ABOVE IS TRUE TO THE BEST OF if not at place of death? (Informant) usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9 , 1915 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the honschold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Taberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State carise for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion;". "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS

Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate,

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No.
02
V

PLACE OF DEATH	STATE OF MARYLAND
County Bulls	CERTIFICATE OF DEATH
90.	Registration Dist, No. 40
Village or City Mo,	St.; Ward) [If death occurred la a hospital or institution,
2 FULL NAME 2001 ramed	Hill Br. Signature of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	June 8 1915, to bune 8, 1915.
(Month) (Day (Year)	that I last asw har allow on Dune 8 1915
TAGE DISTANCE If LESS than	and that death occurred on the date stated above, at 1 2 m.
f day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Still born
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 1s.
State or country.) Ball Only	Contributory Secondary
10 NAME OF LOUIS 7. Tremper	(Signed) John S. Jeen, M. D.
of FATHER Balt. Cumy	June 9., 1915. (Address) Sittings
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Many Shaffer OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Bally Duny	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Lower Fr Gemper	Former or usual residence
(Address) Slenam	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A FAGORAGE	20 UNDERTAKER CADDRESS
Filed Grand T, 1913 MILES ARGISTRAN	Jenry 1 To grad a - 144
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. . Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-The

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, ctc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report cause for



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VSICIANS show RECORD PERMANENT may DEAT ō M ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Baltemore Registration Dist. No. 30 lif death occurred in St.: Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH MARRIED, WIDOWEO, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs.mos..... OR min. ? BOCCUPATION (e) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) yrs mos ds. which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Daration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos. ___ ds Where was disease contracted. if not at place of death? ... Former or CAUSE Importan BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDE DDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tlon is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in doniestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under iujury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenltal," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (Recommendations on statement of (secondary or intercurrent)



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DE	ATH G	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City	estport, do 3	Registered No
FULL NAME	Multuoion	Colard Sufac X of street and number.]
PERSONAL AND S	TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Coloro	R RACE Single, MARRIED, WIGOWIC, OROVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 1915 (Year)
6 DATE OF BIRTH	Know, (Year)	17 I HEREBY CERTIFY, That I attended deceased from A Sof at Hereby Certify, That I attended deceased from I hat I last saw h
COCUPATION (a) Trade, profession, or	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishmeot in which employed (or employer) BIRTHPLACE (State or country)	DO DO	(Deration) yrs mos cs. Contributory (Secondary) (Doration) yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	50	(Signed) Thas I Wull laroun 13 Dois of
Coffather (State or country) 12 MAIDEN NAME OF MOTHER	20	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOSPITALS. INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	HE BEST OF MY KNOWLEDGE	At place In the ot death yrs. mos. ds. State yrs. mos. ds.
(Informant)		It not at place of death? Former or usual residence
(Address) 15 Filed 191	REGISTRAR	Mount Zian Em June 9 1815
If more bla	nks are needed, address State Registr	ar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTAGE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

such, if impossible to determine definitely. mus," "Old Age," "Sbock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vromia," "Puerperal peritonitis," etc. State cause for childhirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malk-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

1 PLACE OF DEATH

Ilt death occurred in a hospital or Institution. give Its NAME Instead of street and number. I

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) (State or country) Secondary 10 NAME OF ARENTS (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place In the (State or country) ot death ____ yrs. ____ mos. ___ __ ds. State Where was disease contracted, 14 THE ABOVE IS It not at place of death? Former or usual residence DATE OF BURIAL (Address) 15

REGISTRA

If more blanks are needed, address State Registrar, 6 E. Canklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



9234

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Spread Print

St.;....Ward)

It death occurred to a hospital or Institution, give its NAME Instead

²FULL NAME	Of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mul 4 COLOR OR RACE SSINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Succe 75 191 (Month) (Day (Year)
G DATE OF BIRTH June 75 4194	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) 7 AGE If LESS than t day,hrs. 9 OCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 Mills Mills Mills 13 Maiden NAME OF MOTHER 14 Mills 15 Mills 16 Mills 17 Mills 18 Mills 19 Mills 10 Mills 10 Mills 11 Mills 12 Maiden NAME OF MOTHER 11 Mills 12 Mills 13 Mills 14 Mills 15 Mills 16 Mills 17 Mills 18 Mills 18 Mills 19 Mills 10 Mills 10 Mills 10 Mills 11 Mills 12 Mills 13 Mills 14 Mills 15 Mills 16 Mills 17 Mills 18 Mills 18 Mills 18 Mills 18 Mills 19 Mills 19 Mills 10 Mill	(Signed) Trans (Address) Special M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
Filed me 77, 1914 the John on Mit P	20 UNDERTAKER Denny Co Balls Tar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause. "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



V. S. No. 1.

ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS AGE carefully supplied. N. B.—Every item of information should be carefully such CAUSE OF DEATH in plain terms, so that it millimportant. See instructions on back of certificate. WRITE PLAINLY, WITH

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EL Van
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9235 STATE OF MARYLAND CERTIFICATE OF DEATH

1 PLACE OF DEATH	STATE OF MARYLAND
Baltinase	CERTIFICATE OF DEATH
County Co	38
(1 .01	Registration Dist, No.
Village or City Hamilton (No.	[if death occurred in
Things of City	St.; Ward) a hospital or institution, give its NAME instead
Fracles all W	of street and number.]
FULL NAME / WWW.	OWW UJUGI
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	18 DATE OF DEATH
(L) WIDDWED. Market	(Month) (Day (Year)
That If full ORDIVORCED (Write the word)	1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	June 20 1915 to June 26 1915
June 8 1848	
(Month) (Day (Year)	that I last saw harm alive on June 6 , 191 S.
7 AGE If LESS than	and that death occurred on the date stated above, at // m,
6 7 yrs mos 8 ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION 10 1. 1 Cm	for the second
(a) Trade, profession, or Fatting of the	Were tral remorrhage
(b) General nature of Industry, And Park	
business, or establishment in /4	(Ouration) yrs mos. d. ds.
which employed (or employer) much farming	anti- Colonia
9 BIRTHPLACE (State or country)	Secondary
Maryana	(Duration) / yrs — mos ds.
10 NAME OF FATHER	(Signed) Morris B. Gurry un
monom	(h. on - 41 th 0-11-
UN 11 BIRTHPLACE OF FATHER	funl of 1, 191 . (Address) Familien Ballico
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF FATHER (State or country) / NOWN	
- UNULVICOUV CC	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) / MRNOV	of death yrs mos ds State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(informant) & mma 1. Inversage	Former or usual residence
Hamilton Mill	10
(Address)/ Vevv Cook / Leaf X	The second of the
16 On and I Com of Green	Head /amy energy med, 1910
Filed Alle / 191 / Care Care	20 UNDERTAKER CADDRESS
REGISTRAR	Truly cassam Kono hurrion Ma
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is iess defiuite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; State cause for For vio-



No. 02

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT stated EXACTLY. classified. IS should THIS properly AGE UNFADING INK supplied. pe may certificate. carefully WRITE PLAINLY, WITH See instructions on back terms, of Information should DEATH in piain terms CAUSE OF Important. S

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16

14 THE ABOVE

(Informant)

(Address'

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

State Very

PLACE OF DEATH County Duling Village or City No. (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) I we like the occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
7 AGE (Month) (Day (Year) 7 AGE (10 mos 9 ds. OR min.?	that I last saw h. M. alive on
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Chronic Varendymalns les witis Lung gestis (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 In all of the country of th	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Address) (Address)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place In the State yrs. _

Where was disease contracted, If not at place of death?

UNDERTAKER

DATE OF BURIAL

ADDRESS

REGISTRAR

KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

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V. S. No. 1.

SICIANS should occupation is RECORD PERMANENT . ACE should properly class 0 plai 2 DEATH WRITE 50 Item PO ы Every

PLACE OF DEATH STATE OF MARYLAND state CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred la a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, 1915 WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw h ____ alive on ____ (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, t day hrs. The CAUSE OF DEATH* was as follows: OR. min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 0 PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME See Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State _____ yrs. ____ mos. __ Where was disease contracted. If not at place of death?-Former or usual residence. mportant. OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULY 1915
BUREAU, V.S.

PERMANENT back instructions _ WRITE of i CAUSE OF Important. S

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No My Some Mix. Net Hope Kepreas Ill death occurred la a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED, (Month) ORDIVDROED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) (Month) 7 AGE I1 LESS than and that death occurred on the date stated above at 4.30 # m 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, alax business, or establishment in (Duration) 29 yrs. 0 which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE OF MOTHER At place (State or country) 15 ADDRESS

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County OLLO	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Claud Torker 302	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, WOOWED, OR DIMORSO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH COV. 12 (Month) (Day) (Year)	that I last saw h allve on
TAGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at / m, The AUGE OF DEATH* was as follows: The AUGE OF DEATH* was as follows: The August of the control
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Secondary) (Duration) (Duration) (Secondary) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Address) Calculated (Signed)
2 (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Intermant) (Address). (Address).	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mns 17, 1915 M Tork REGISTRAR If more blanks are needed, address State Regis trar, 6	20 UDDERTAKER LEWERT MOWEN CO 108-W-North
O State of the sta	Darlos, Meducostals 4. D. 140. 1.

[Approved by U. S. Census and American Public Health Association.]

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RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	City	Detention	Hospital
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Vil	 lage or City ²FULI	Bayre	ew ary	reftern Natkins	v.C	Registration Di	[If dea a hospita give its of street	ath occurred in il or institution, NAME instead and number.]
		IAL AND STATISTI			1	DIGAL CERTIFICATE		
3 s	emale	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	ingle	16 DATE OF DEAT	June (Month)	20th (Day	, 191 5 (Year)
6 D	ATE OF BIRTH	(Month)	200000000000000000000000000000000000000	, 1.893 (Year)	April 29tl	EREBY CERTIFY, That 1915to Jun 21alive on June	e 20th	, 191.5
7 A		22yrs	(24)	If LESS than		urred on the date state EATH* was as follows:		2.20 A
(a) paid (b) bus whi	General nature of i	industry, iment in inployer)				Tubercul (Ouration)	yrs	•••••••••••••••••••••••
S	10 NAME OF FATHER		y Pi nn		(Signed) Phi	lip Pearls	A A B	, M. D.
PARENTS	11 BIRTHPLAG OF FATHE (State or 12 MAIDEN N OF MOTH	AME ER	ginia ha Watkir	· ·	*State the DIS CAUSES, state (1 TAL, SUICIDAL, OR	AND CANDERS OF THE PROPERTY OF	or, in deaths f and (2) whet	rom VIOLENT her Acciden-
14 -	13 BIRTHPLAC OF MOTHE (State or	CE R	rginia		At place of death yrs Where was disease con	L. mos. 22ds. State	yrs,	
		andmother;			If not at place of death?	S S Dallas S		***************************************
15 Fil	1.121	323 S D	allas Sti	Bair	19 PLACE OF BUR	TO REMOVAL	ADDRESS	191.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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should be taken to report specifically the occupations galnfully employed, as At school or At home. Care cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (4)

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LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for ehildbirth or miscarriage as "Purreral septichae valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. eer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of (seeoudary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 2 2 1915
BUREAU, V.S.

FOR

RESERVED

1 PLACE OF DEATH

County...

Baltimore

Villa	or City Bay View Asylum. (No Bay View Asylum) Full NAME Mary D. Weider	give its NAME instead
*	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED WIDDWED OR DIVORCED (Write the word)	June 4th , 191 (Month) (Day) (Year)
-	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
		February 21 ,191 4, to June 4th ,191 5
	(Month) (Day) (Year)	that I last saw h er alive on June 4th, 191
7 AG	F 76 80-73 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at $7.45 \mathrm{d}$. The CAUSE OF DEATH $*$ was as follows:
(a par (b bus whi	CCLPATION) Trade, prefession, or fleular kind of work) General nature of Industry ilness, or establishment in ich employed (or employer) BTHPLACE	Contributory Bronchosneumonia
	(State or country) Naryland	Secondary (Quation) A. yre mos 3. de
	10 NAME OF Philip Picket	(Signed) CITY 40000
ENTS	11 BIRTHPLACE OF FATHER (State or country) Germany	June 4th, 1915 (Address) *State the Dispase Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)
PAR	of Mother Mary Deetz	
Name and Address of the Owner, where	OF MOTHER (State or country) . Germany	At place of death 2 yrs. Shos. 3 ds. State, yra, moe. d
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence #22 & Paypon
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL B 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15	ed 6/5 ,1915 Miriam Bal	ADDRESS . A ADDRESS .

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery: (a) Foremon, (b) Autobusiness, that fact, may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, eian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question taken to report specifically the occupations of persons business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

authoristion was M.C. Portifo

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consuicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic intenstitial "Tumor" for malignant neoplasms); Meosles; Wheoping "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercurreport mere



V. S. No. 1.

PLACE OF DEATH Gounty Buttimers County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or Gity Fighlandtown (No. 9 21 , y	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, Single, MARRIED, Widowed, ORDIVORCEO ORDIVORCEO (Write the word) 6 DATE OF BIRTH Fine 8 .870	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to Mul 10 5, 1915.
(Month) (Day (Year) 7 AGE 11 LESS than 1 dayhrs.	and that death occurred on the date stated above, at 220 m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF OR MIN.? BOCCUPATION (a) Trade, profession, or particular kind of work Characteristics OR MIN.? BIRTHPLACE (State or country) Service 10 NAME OF	Contributory Secondary
FATHER John Messe 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	(Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the end death yrs, mas. ds. State yrs, mes. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) 951 S. Chiaton St. 15 Filed AMM / H., 1915 - W.E. / M. L. M. L. M. L. M. REGISTRAR M. If more blanks are needed, address State Regi	PLACE OF BURIAL OR REMOVAL HOG Redeemer lengthing 14, 191. I 20 UNDERTAKER ADDRESS 4038, Mer strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacmia," "Puerperal peritonilis," etc. State nns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic canse of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injnry, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations ou statement of "Dropsy," "Exhaustion," cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU,V.S.

V. S. No. 1.

Vittag	e or City Haw Asylum (No. CITY, HO	Registration Dist. No. 41 St.; Ward) [if death occurred in a hospital or institution.
	2 FULL NAME Robert West	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 2 %	MARRIED, WIDOWED	June 10th (Year (Month) (Day) (Year
	Aale Black (Write the word)	I HEREBY CERTIFY, That I attended deceased fro
24		June 9th 1915, to June 10th 191
	(Month) (Day) , 1 874 (Year)	that I last saw h Imalive on Jung 10th, 191.
7 AG	1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(3)	CUPATION Trade, profession, or Waiter Icular kind of work	Myocardial Insuffecione
903	Seneral nature of industry mess, or establishment in	Quration) J yrs. mos.
-	ch employed (or employer)	Contributory Coutre Insufficiency
9 81	Diste of country) 15	11 Muhoubu
	State or country) aryland NAME OF FATHER John West	(Signed) (Si
ENTS	aryland 10 NAME OF FATHER John West 11 BIRTHPLACE OF FATHER (State or country) District of Columbia	(Signed) June 10th, 191. 5 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether Accidental,
NTS	10 NAME OF FATHER John West 11 BIRTHPLACE	(Signed) June 10th 191. 5 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
RENTS	aryland 10 NAME OF FATHER John West 11 BIRTHPLACE OF FATHER (State or country) District of Columbia 12 MAIDEN NAME OF MOTHER	(Signed) June 10th 191. 5 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transier or Recent Residents) At place to the death with the grant of death wi
PARENTS	aryland 10 NAME OF FATHER John West 11 BIRTHPLACE OF FATHER (State or country) District of Columbia 12 MAIDEN NAME OF MOTHER Lizza Simpson 13 BIRTHPLACE OF MOTHER (State or country) Maryland E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) June 10th 191. 5 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OF RECENT RESIDENTS) At place of death yrs. mos. 1 ds. Stata, yrs. mos. Where was disease contracted, it not at place of death?
PARENTS	aryland 10 NAME OF FATHER John West 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland Maryland	(Signed) June 10th 191. 5 (Address) CITY HOSPITAL. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMECIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place the death with the state of death with the state, with t

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever As examples: (a) Spinner, (b) Cotton therefore an additional line At home. Care should be Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lober pneumonia, Bronchopneumonia ("Pneumonia,") nequalified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if inpossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," lapse," to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenperal schichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopmeumoma (secondary), 10 ds. Never report merc Example: Meostes (disease eausing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping "Anaemia" (merely symptomatic), rent) affection need not be stated unless important. Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" ("Con-"Atrophy," "Exhaustion,



A PERMANENT RECORD

V. S. No. 1.

Important.

	nty	Baltimore	(No	For Insa	one R	STATE OF MARE ERTIFICATE OF Registration Discussion St.;	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
		NAL AND STATISTIC			1	EDICAL CERTIFICATE OF	
3 SEX		4 color or race Black	5 SINGLE, MARRIED, WILL WIDOWED, WILL ORDIVORGED (Write the wo	lowed	16 DATE OF DEAT	June 28tl	, 191.5 (Day (Year)
6 DAT	1 1 100	(Month)	(Day	/ 860 (Year) if LESS than t day,hrs. ORmin.?	April 16 that I last saw h	th. 1915. to June curred on the date stated EATH* was as follows:	28 th 1915. 27 th 1915
(a) To partice (b) G busine	CUPATION rade, protession cular kind of we seneral nature o ess, or establ	orkt industry,			Chroni	c Interstitia	l Nephritis
9 BIR	THPLACE State or cou	Vi	rginia	3	Contributory Secondary	Broncho Pneum	onia
EN	BIRTHPL OF FATE (State o	ACE HER r country) U1	nknovn		*State the Dis CAUSES, state (I TAL, SUICIDAL, O	9t 5 (Address) C. Address OF ATH, or, 1) MEANS OF INJURY; and F HOMICIDAL.	leate on Hospital
Δ.		un]	known aknown Tof My Know	LEDGE	18 LENGTH OF RE OR RECENT RESI At place of death yrs Where was disease coil if not at place of death	2 mos. 12 ds. State	INSTITUTIONS, TRANSIENTS, yrs, ds
15		riend; - John 4 Tempi		0	Former or usual residence	Unknown RIAL OR REMOVAL Uburn	JH Jemple CX DATE OF BURIAL 6/30, 1915

REGISTRAR

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Statement. material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many fication as Day laborer, Farm laborer, Laborer-Coul Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (nvoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclaschsis, tetanus) LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or mlscarriage as "Puerperal septichacetc., when a definite disease can be ascertalned as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of State cause for For vio-



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em of it	state CA	ATION	
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	OCCUP	
N. B.			

ANS nt of

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Baltimore County.... Registration Dist. No. 41 Bay View Asylum Mar View Asylun if death occurred in St.:----...Ward) Village or City a hospital or institution. give its NAME instead of street and number.] Robert Williams ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF DEATH MARRIED, Wtdowed
widowed Wtdowed
or Divorced
(Write the word) 26th/915 (Month) (Day) Black Male I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH June 26th 1915 that I last saw h 1m alive on June 26th 1915, (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at .6 . 4 2014 1 day, hrs. 70 The CAUSE OF DEATH * was as follows: OR min.? 8 OCCUPATION (a) Trade, profession, or Laborer particular kind of work... (b) General nature of Industry business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER Unknown June 26that5 (Address) ... 11 BIRTHPLACE RENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OF FATHER (State or country) SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME V OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER of death yrs. 11 mos. 12ds. (State or country) Where wee disease contracted. 14 THE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at placs of death?..... usual residence 818 Rankin Place (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 16 W/Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scruant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer of the second statement. "Foreman, "Manager, "I mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age -Coul titue, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, "Manager," "Dealer," etc., without more The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of SUICINAL, or HOMICINAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," "Anaemia" (increly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephriles, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Meastes, Whooping (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puenpieral septichuemia, donaeum, etc., Carcinoma, Sarcoma, etc., of..... (secondary), 10 ds. The contributory (secondary or intercuretc.), "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion,



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act statement of	Village or City Leutonesella (No. Oping	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [It death occurred in a hospital or institution, give its NAME instead
EXACTLY.	2 FULL NAME (Rose 6 Mil	et street and number.]
ifi.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sy be properly class of certificate.	4 CDLOR OR RACE MARRIED, WIDDWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 J HEREBY CERTIFY, That I attended deceased from 18 J HEREBY CERTIFY, That I attended deceased from 19 J J J J J J J J J J J J J J J J J J J
AGE shit may be back of c	7 AGE 38 yrs lub mos. lub ds. It LESS than 1 day. hrs. OR min.?	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
iformation should be carefully supplied. USE OF DEATH in plain terms, so that is very important. See instructions on	OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Buration) (Buratio
N. B.—Every item of ir should state CA OCCUPATION	(Address) West Market Med (Address) Warshall Blerst REGISTRAR If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER County - months 7. B. Stafffelt V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telonus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if inpossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," "Puenperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report merc Example: Meosles (disease causing death), 29 ds.; Bronnephrilis, etc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) suicide. head-homicide; Poisoned by carbolic acid-probably Struck by roilway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, cause. etc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"PUEHPERAL septichaemia," "Atrophy," "Col-("Con-



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TAGE (Month) (Day (Year) If LESS than 1 day, hrs. OR min.? Coccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE OF FATHER (State or country) Name of Father (State or country) Manyland (Signed) (Signed) Means of Injury; and (2) whether Acc Causes, state (1) Means of Injury; and (2) whether Acc Tal, Suicidal, or Homicidal. (State or country) Manyland (State or country) Manyland (State or country) Manyland (State or country) Manyland (Signed) Means of Injury; and (2) whether Acc Causes, state (1) Means of Injury; and (2) whether Acc Tal, Suicidal, or Homicidal. (State or country) Manyland (Signed) Means of Injury; and (2) whether Acc Tal, Suicidal, or Homicidal. (State or country) Means disease contracted, 1 me in the 2 s yrs. 7 mes. 2. Where was disease contracted, 93 6. Harley Avenual Representation of the date stated above, at 5. 45 The CAUSE OF DEATH* was as follows: Contributory Secondary (Signed) Maryland (Signe		2FULL NAME William H Will	varm
Mare White woods of the word o		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
October 25, 1886. (Month) (Day (Year) 7 AGE October 25, 1886. (Month) (Day (Year) If LESS than that I last saw h. m. alive on June 22, 19 and that death occurred on the date stated above, at 5, 45 f day, hrs. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, usiness, or establishment in which employed (or employer) Parthelace (State or country) Maylard OFFATHER	M	MARRIED, WIDOWED.	(Month) (Day (Year
TAGE 28 yrs. 7 mos. 28 ds. 0R min.? **OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY WHOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY WHOWLEDGE 15 ILESS than 1 day,	8 D#	October 25 1886	Desember 20, 1914, to June 22, 191
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). PBIRTHPLACE (State or country) Manyland 10 NAME OF FATHER (State or country) Manyland (Signed) Maryland Maryland (Signed) Maryland Maryland (Signed) Maryland Maryland Maryland Maryland (Signed) Maryland	7 AC	GE If LESS than f day,hrs.	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER White the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injurx; and (2) whether acc of Mother of Mother (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE Where was disease contracted, 936 Market Acc of death? 15 In the 28 yrs, 7 mos, 2. Where was disease contracted, 936 Market Acc of death? Former or	(a) par	Trade, profession, or Profession or ricular kind of work	Luinsnon Invications
Secondary Signed Mary Land Signed Mary Land Secondary Signed Mary Land Secondary Signed Secondary Secondary Secondary Signed Secondary Seco	busi	iness, or establishment in ich employed (or employer)	(Duration) 5 yrs mos.
(Signed) Morfer John Many land 11 BIRTHPLACE OF FATHER (State or country) Many land 12 MAIDEN NAME OF MOTHER John Words (State or country) Many land 13 BIRTHPLACE OF MOTHER (State or country) Many land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 Interior Country (Signed) Morfer John Many land (Signed) Morfer John Morfer John Many land *State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Acc OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSION OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSION OF MOTHER (State or country) At place of death O yrs. 6 mos. 2 ds. State 28 yrs. 7 mos. 2 Where was disease contracted, 93 6 Warley Areas 30 former or Former or	981	(State or country) Maylard	Secondary
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13 BIRTHPLACE OF MOTHER (State or country) Mary land 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place of death O yrs. 6 mos. 2 ds. State 28 yrs. 7 mos. 2 Where was disease contracted, It not at place of death? 17 De control of the service of the service of death? 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENCE (F	L	OF FATHER A. I/a A	
13 BIRTHPLACE OF MOTHER (State or country) Mary land At place of death O yrs. 6 mos. 2 ds. State 28 yrs. 7 mos. 2 Where was disease contracted, 936 Warles Avenue But The above is true to the best of my knowledge It not at place of death? Former or	PAR	12 MAIDEN NAME Ja V. Wardell	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
It not at place of death? 136 Warley from all		(State or country) ary land.	At place of death O yrs. 6 mos. 2 ds. State 28 yrs. 7 mos. 28
		(Intermant) Pecease & Allems	It not at place of death? 136 Haven from Sitt
ADDRESS:	16	(Address) 936 Harlem Urr. 12 alls	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL LINE 1618

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

DEATH

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Househeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be iudivery important, so that the relative healthful-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Aceidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated nuless important. cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Collapse," "Coma," "Convnlsions," "Debility" ("Con The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease cansing "Senile," etc.), "Dropsy;" (Recommendations on statement of death), 29 ds.; "Exhanstion," Never report For VIO-



No. 202

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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. 4 IS pinous UNFADING INK-THIS AGE carefully supplied. þe may certificate. that it 5 WRITE PLAINLY, WITH pe on back terms, Information should of information si DEATH in plain See Instructions CAUSE OF Important.

(Informant)

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1 PLACE OF DEATH (No...., ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OF RACE 5 SINGLE. WIDOWED. (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day A hrs.mos..... 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

7.)	St: Ward	a hospital give its i	th occurred in or institution, NAME instead and number.]
MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Kine		, 191
17 I HEREBY	(Month) CERTIFY, That	(Day	(Year)
that I last saw h all		em 21	191
and that death occurred o	on the date state	d above, at	112m,
The CAUSE OF DEATH*			
7 ms la		**************************************	0-/
Contributory	(Duration)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Signed) — — — — — — — — — — — — — — — — — — —	XQ	Wil lin	M. D.
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH, ONS OF INJURY;	or, in deaths frand (2) wheth	om VIOLENT er ACCIDEN-
18 LENGTH OF RESIDENCE OR RECENT RESIDENCE) At place of death yrs, mos. Where was disease contracted, if not at place of death?————————————————————————————————————	CE (FOR HOSPITAL In the ds. State		TRANSIENTS,
PLACE OF BURIAL OR	REMOVAL	June &	URIAL, 191.5
20 UNDERTAKER	0	ADDRESS	

- Caston Jans If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify us childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discuses resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH .-Every item of information should be CAUSE OF DEATH in plain terms, s

UNFADING INK-THIS IS

PLACE OF DEATH 12,04

9309



STATE OF MARYLAND CERTIFICATE OF DEATH

/co	unty	allo:	*****			MINICALL O	1 DUALL
		MUNI	CIPAL TU	= 107 IT	OMS HOSP	Registration Dis	st. No
Vil	lage or City		(No.		**************************************	St.;Ward	[If death occurred is a hospital or institution, give its NAME lostead of street and number.]
	²FUI	LL NAME EL	zele	eh l	Villa.	eglily	or succe and names.
	PERSO	NAL AND STATISTIC	CAL PARTICULA	RS	MEI	DICAL CERTIFICATE	F DEATH
3 s	emel	4 COLOR OR RAGE	5 SINGLE, MARRIED, WIDDWED, ORDIVDRCED (Write the WOI	edirecs	16 DATE OF DEATH	· (Month)	(Day (Year)
6 D	ATE OF BIRTI	н			June 2	191 Z to	I attended deceased from
		240-	****	1842	0	A	
7 A		(Month)	(Day	(Year)		alive on	
. A	GE			It LESS than 1 day hrs.			d above, at 2 G' m,
		13 yrs	mosds.		THE CAUSE OF DE	ATH* was as follows:	
2 (8	CCUPATION) Trade, protession rticular kind of we		etie	************************	***************************************	puls	man
bus	General nature o siness, or establi ich employed (or d		******************		***************************************	Couration)	yrsds.
	IRTHPLACE (State or cou		~P. ·		Contributory Secondary	A	***************************************
	10 NAME OF				(Signed) Fr. Fr	. Calla	Law, p. o.
NTS	11 BIRTHPL OF FATH (State of	ACE IER r country)				5. (Address) City	
12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, Cr. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,					
	13 BIRTHPL				At place	In the	wolanom
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease confi if not at place of death?	racted, Unknow	u.			
	(Interment)	*****************************	****************************	***************************************	Former or usual residence		are gf.
	(Address)	***************************************		***************	19 PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
15	11,	1 -m	/	2			ed ,1915
Fil	led 6//	t ,191 6 1/1	ream	Jaen	20 UNDERTAKER	. /-	ADDRESS /5 //

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Tranklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up ou account of the disease Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic core-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated nuless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or interenrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.; For vio-



PATION RECORD ENT PERMAN supplied. be FADING may ATH of DE/ OF Important. Every II

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred in Ward) a hospital or Institution, give its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at.... 1 day,hrs. The CAUSE OF DEATH* was as follows: min. ? 8 OCCUPATION Clark (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory Jandola take outre Volmon 16 9 BIRTHPLACE (State or country) (Duration)yrs. _____mox FATHER , 191 1. (Address) Marty ARENTS 11 BIRTHPLACE OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, mos. .. Where was disease contracted. It not at clace of death? usual residence. 15 more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," 9

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia childbirth or miscarriage. as "Purremeal septichae etc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPEBAL peritonitis," etc. -Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... sepsis, tetanus) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of ... (name origin; "Can State cause for Examples:



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

RECORD

PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

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1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	-
Trafiatt detail	Par 1 20 P	A T W toppoor	4000

MUNICIPAL TUBERCULOSIS HOSP. entrela

St.; Ward)

Tif death occurred la a hospitat or institution, give Its NAME tostead of street and number.]

Charles Win

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Year) (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 191 3, to 191 5, that I last saw h malive on 1915
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,hrs. 2	and that death occurred on the date stated above, at 12:20 Am, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Phthis Julmanalia
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) Yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) 7. 7. Callatto M. D. 1915 (Address) City II Hospital *State the Disease Causing Death or, in deaths from Violent
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. 0 mos. 3 ds. State 3 yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (intermant)	Where was disease contracted, if not at place of death? Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LINE COM QUEST DATE OF BURIAL 20 UNDERTAKES ADDRESS
REGISTRAR	trar. 6 E. Franklin St. Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uee-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearry (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCINENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "L'UERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of



BINDING FOR RESERVED MARGIN

No. 1.

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(Address)

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CountyB	ace of DEATH altimore. ity Gettings (1) L NAME Lehman (SIZ (STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40 St; Ward) [If death occurred in a hospital or institution, give its NAME instead of streat and number.]
PERS	ONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the wo	ingle	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 OATE OF BIR	June 4 (Month) (Day)	, 1915 (Year)	that I last saw him alive on from 6, 1915.
BOCCUPATION (a) Trada, protessi particular kind of	on, or	It LESS than 1 day,brs. OR min. ?	and that death occurred on the date stated above, at
		2	(Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or coun	maryland		(Secondary) (Duration)yrsmosds
OF FA	* Wilmer Wisn	iomi.	(Signed) John S. Sjean , M. D. June 7, 1915 (Address) Sittings
	NAME		*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHE	daivia Him	es.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placa In the ot death yrs,

At placa of death yrs, mos, ds. Whare was disease contracted,	In the State	yrs	mos	d
Music Mas disease conflacted,				

It not at place of death?

Former or usual rasidanca

19 PLACE OF	BURIAL	REMOVAL
none	11116	Cemular
20 HNOFRTA	KED .	

PATE OF BURIAL

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

KNOWLEGGE

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

should is PATION PERMANENT classi properly pe supplied certificate. of back terms. instructions 2 DEATH ō OF mportant. Every It

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in ...Ward) a hospital or institution. give Its NAME Instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Month) (Dav (Year) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH allye on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) yrs. State . Where was disease contracted. If not at place of death? usual residence. TE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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5	A PERMANENT	should be stated be properly class f certificate.
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	N. B.—Every item of information should be carefully supplied. AGE should be stated E. should state CAUSE OF DEATH in plain terms, so that it may be properly classis OCCUPATION is very important. See instructions on back of certificate.
>		Z

	PLACE OF DEATH	STATE OF MARYLAND	
Clur	w Rallo	CERTIFICATE OF DEATH	
Gai	ILY	Registration Dist No. 30	
/	0 -1- 1	Registration Dist. No. 30	
Villa	ge or City Caloualle (No.	St.; Ward) [If death occurred in	
	71	a hospital or institution,	
	2 FILL NAME Thomas Lands Wor	chingeford of street and number.]	
	TOLL MAINL	7	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	A COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED	(Month) (Day) (Year)	
	(Write the word)	17) I HEREBY-CERTIFY, That Lattended deceased from	
6 DA	TE OF BIRTH	June 965, 1915, to June 10 1915,	
	MM4 43 , 18/04/	that I last saw ham alive on June 10 an 1915.	
7 AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at / /.m.	
	1 day, hrs.	The CAUSE OF DEATH * was as follows:	
	yrs. mos. ds. OR min.?	allula indiciolina and	
8 0	CCUPATION	Allha of lander	
pa pa	1) Trade, profession, or Admice		
(h	slness, or establishment in	19kmy	
Wh	tich employed (or employer) and but would	(Ouration) ds.	
9 B	IRTHPLACE (State or country)	Segondary - Contributory - Contribut	
	Co. Jolk Irlland.	Lacture (Durston) yrs mos ds.	
	10 NAME OF A . ON A .	(Signed) Last maccell No.	
S	Henry Monningson	1. whi do the desired in him	
Ë	11 BIRTHPLACE OF FATHER (State or country) Co. Cork Dialand	The state of the s	
E E	12 MAIDEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL	
PARENT	OF MOTHER MANGARIT KRISALY.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE	OR RECENT RESIDENTS) At placs In the	
	(State or country) W tock, Suland	of deathyrsmosds. Slate,yrsmosds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease controcted, if not at place of dssth?	
	(Informant) Rose & Worthmaton	Former or	
	(minimum)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	(Address) Ad Alldoulk Wood,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	0 5 1.401.1	Maly know benney June 14, 1914	
FI	et June 1, 1915 maiskall 13 West	20 UNDERTAKER ADDRESS	
	REGISTRAR	1. W. Lucen 1944 West	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day labover, Farm labover, Labover mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ago tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever various pursuits can be known. The question etc. If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from Civil

Statement of Cause of Peath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, letanus) may be stated under the head of "Contributory." head-homicide; Poisoned by sticidal, of homicidal, of as probably such, if impossible to determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. birth or misearriage as "Prenperal septicharmia, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Annemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of.... (name origin; "Caneer" is less definite; avoid use of icide. The nature of the injury, as fracture of skull, statement of eause of death approved by Committee Nomenclature of the American Medical Association.) by railway train-accident; Revolver wound Always qualify all discuses resulting from child-"Old Age," "Shock," "Coma," (merely symptomatic), oma," "Convulsions," The contributory (secondary or intercur-"Dropsy," "Exhaustion," "Uracmia," "Weakness, carbolic acid-probably State cause for which "Debility" ("Con-(Recommendations Never report incre "Atrophy,"

If this certificate is looked over thoroughly and all quesons answered in detail, it will prevent further correspondee. All the data is essential and must be obtained before e certificate is permanently filed.

BUREAU,VIS

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

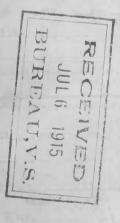
Cou	PLACE OF DEATH 9313 Sollinuones Linden a	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 43
Vill	2FULL NAME John & Gun	word (MUL St.; Ward) [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE	tale White Single, Wishones or white word	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH 9 17 (Month) (Day (Year)		that I last saw h in allve on while I attended deceased from
7 AG		and that death occurred on the date stated above, at 450, m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry,		Tulmonary Inverseous
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 1 Many land		Contributory Secondary
TS	10 NAME OF RObert Junger 11 BIRTHPLACE OF FATHER AS A STATE OF ST	(Signed) Thite Tyall mo, M. D. June 5, 1915 (Address) Baltomal
PARENT	12 MAIDEN NAME Jamie Stewers	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 -	19 BIRTHPLACE OF MOTHER (State or country) Many Paul	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) Most Mellie Torsyttes		If not at place of death? Former or usual residence.
15 Flie	(Address) Werla Ma.	London Parke Secretary June 7 1915 20 UNDERTAKER Tradorich Vassahu Saus Fullertais Ind.
1	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same along the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

PHYSICIANS RECORD PERMANENT UNFADING suppl pino WRITE 50

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.... SICIANS should occupation is Registration Dist. No. [If death occurred in Village or City Ward) St.: a hospital or Institution. give Its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SE 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR MACE MARRIED, E 19N WICOWED. (Month) (Day (Year) OROIVORCEO I HEREBY CERTIFY, That attended deceased from DATE OF BIRTH (Month) (Day (Xear) 7 AGE If LESS than and that death occurred on the date stated above, at Cla 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? roperi BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) 50 back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER plai 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. State DEATH Where wes disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY If not at place of death? Former or OF usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAUSE (Address).... 15 20 UNDERTAKED ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditious, such as "Asvalvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgcuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Courulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-

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BUREAU,V.S.